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ABSTRACT

This program was a recycling of the Elementary Secondary Education Act Title I Clinical-Guidance Program for pupils in designated non-public schools, for 1966-70. The project supplied the consulting and clinical services of psychologists, social workers, and guidance counselors for the staff, pupils, and parents of pupils in designated non-public schools in the New York City area. Among the objectives of the project were: (a) to identify through the skills of the various disciplines those children in need of specialized services; (b) to differentiate the needs of the individual pupils; (c) to treat the underlying causes of pupil maladjustment so as to create an atmosphere conducive to learning; (d) to identify pupils in need of remediation and secure proper treatment in the areas of speech, reading, mathematics, or language handicaps; (e) to diagnose specific problems such as brain impairment or other conditions requiring special class placement and to arrange for such placement; and, (f) to identify and refer for treatment to appropriate community resources and social agencies where problems so indicate. In order to evaluate the degree to which these objectives were met, site visits were made to a random sample of 15 schools served by the project. (Author/JM)

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FINAL REPORT
OF THE EVALUATION OF
THE

1970-71

CLINICAL AND GUIDANCE
SERVICES IN THE NON-PUBLIC
SCHOOLS

Evaluation of a New York City school district
educational project funded under Title I of the
Elementary and Secondary Education Act of 1965
(PL 89-10), performed under contract with the
Board of Education of the City of New York for
the 1970-71 school year.

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CLINICAL AND GUIDANCE SERVICES

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I. DESCRIPTION OF THE PROJECT

This program was a recycling of the ESEA Title I Clinical - Guidance Program for pupils in designated non-public schools for 1966-67, 67-68, 68-69, 69-70. It was operated under the joint auspices of the Bureau of Child Guidance and the Bureau of Educational and Vocational Guidance.

The project supplied the consulting and clinical services of psychologists, social workers, and guidance counselors for the staff, pupils, and parents of pupils in designated non-public schools in the New York City area.

Initial and extended planning of this program has been the result of consultation with the directors of the respective Bureaus of Educational and Vocational Guidance and Child Guidance and staff responsibilities and roles based on the established policies and procedures of the respective bureaus.

The program staff engaged in all regular activities of school social worker, psychologist or guidance counselor such as:

- a. Observation of pupils individually or in groups.
- b. Direct work with pupils on individual and group basis as well as psychological examination where indicated.
- c. Teacher orientation of non-public school staff was related especially to the understanding of the goals of the guidance and clinical services being offered, methods of observance and recording child behavior (anecdotal records) procedures for referral of pupils, interpretation of test results, understanding pupil behavior, mental hygiene as prevention of pupil maladjustment, and other relevant areas which contribute to the program goals. This was accomplished through conferences, workshops by professional staff, and by supervisors.
- d. Workshops were conducted and staff meetings attended for the above purposes.
- e. Parental involvement was an essential part of the program. All staff participated in programs involving parent education to the degree possible in each school through attendance at parent meetings, carrying parent workshops geared to developmental or special problems, and through individual conferences. The parents of most referred pupils were seen.
- f. Records and reports were included as an essential procedural function. Each member of the professional team was to maintain a daily log or other mandated statistical reports which served as a summary of his activities. In addition, records and interviews with pupils, teachers, administrators, supervisors, parents, and others were maintained.
- g. Field supervision was provided in each discipline.

II. GENERAL OBJECTIVES OF THE PROJECT

- a. To identify through the skills of the various disciplines those children in need of specialized services.

- b. To differentiate the needs of the individual pupils in such areas as: educational and vocational problems; social and emotional difficulties; lack of educational achievement caused by factors of personality determinants, poor self image, lack of role models or other predisposing conditions.
- c. To treat the underlying causes of pupil maladjustment so as to create an atmosphere conducive to learning.
- d. To identify pupils in need of remediation and secure proper treatment in the areas of speech, reading, mathematics or language handicaps.
- e. To diagnose specific problems such as brain impairment or other conditions requiring special class placement and to arrange for such placement.
- f. To identify and refer for treatment to appropriate community resources and social agencies where problems so indicate.
- g. To provide motivational material and information to assure articulation between the various school levels and school systems, i. e. -- from non-public school to public school, from elementary to high school or high school to post high school training or employment.
- h. To develop a positive mental hygiene attitude in the schools and an understanding of the use of services so as to create an optimal climate for learning.

III. METHODS AND PROCEDURES

A. Site Visits were made to a random sample of 15 schools served by the project. The schools visited were:

Guardian Angel	District 2M
St. Joseph	District 2M
St. Gregory	District 3M
St. Cecelia	District 4M
St. Mark Evangelist	District 5M
St. Anselm	District 7X
St. Joseph	District 9X
Cathedral High	District 2M
School-All Saints Branch (Madison Ave.)	
Y. Yesode Hatorah	District 14K
St. Nicholas	District 14K
Beth Jacob High	District 14K
St. Francis Xavier	District 15K
Argyrios Fantis	District 15K
St. Barbara	District 16K
St. Mark Lutheran	District 16K

At each school visited, an evaluation team member observed the physical setting and facilities in which the clinical and guidance services were being offered, interviewed whatever program staff members were present, and, whenever possible, interviewed members of the host school's administrative staff. These observations and interviews were recorded and, in the Results chapter, are summarized.

B. Principals Questionnaires were sent to the principals of all 159 non-public

schools eligible for program services. These questionnaires (reproduced in the Appendix) dealt with how much service was being provided, how much service the principal would like to have seen provided, the principal's assessment of the adequacy of the quantity and quality of the services provided, and the principal's view of the major strengths, weaknesses, and changes needed in the program. The findings obtained from this questionnaire are summarized and discussed in the Results chapter.

C. Staff Evaluation Questionnaires were sent to all of the program's participating professional staff members. (The Bureau of Child Guidance and the Bureau of Educational and Vocational Guidance supplied us with their official mailing lists.) These questionnaires (reproduced in the Appendix and discussed in the Results chapter) dealt with the staff member's background, duties, assessment of program activities, major program strengths, weaknesses and recommended changes.

A representative subsample of 50 serviced schools was selected for intensive study. These schools were:

	<u>District</u>	<u>Name of School</u>
1.	1M	Our Lady of Sorrows
2.	1M	St. George
3.	2M	Guardian Angel
4.	2M	St. Bernard
5.	2M	St. Francis De Sales
6.	2M	St. Joseph
7.	2M	Transfiguration
8.	3M	Corpus Christi
9.	3M	St. Gregory
10.	3M	St. Thomas the Apostle
11.	4M	Our Lady of Mt. Carmel
12.	4M	St. Cecelia
13.	5M	All Saints
14.	5M	St. Aloysius
15.	5M	St. Mark Evangelist
16.	6M	St. Catherine of Genoa
17.	7X	Immaculate Conception
18.	7X	St. Anselm
19.	7X	Saints Peter and Paul
20.	8X	St. Athanasius
21.	9X	St. Joseph
22.	12X	St. Anthony of Padua
23.	31R	Assumption
24.	31R	St. Paul
25.	2M	Cathedral High School (All Saints Branch-Madison Ave.)

26.	M	Cathedral High School (St. Joseph Branch- Washington Place)
27.	13K	Queen of all Saints
28.	13K	St. Augustine
29.	13K	St. Peter Clover
30.	14K	Immaculate Conception
31.	14K	St. Nicholas
32.	14K	St. Vincent De Paul
33.	15K	Our Lady of Peace
34.	15K	St. Francis Xavier
35.	15K	St. Paul
36.	15K	Visitation of B. V. M.
37.	16K	St. Barbara
38.	16K	St. Leonard of Port Maurice
39.	17K	St. Matthew
40.	19K	Our Lady of Lourdes
41.	23K	Our Lady of Loretto
42.	28Q	St. Joseph (Jamaica)
43.	2M	Y. & Mes. Tifereth Jerusalem
44.	9X	Beth Jacob-Beth Miriam
45.	14K	Beth Jacob High School
46.	14K	Y. Yesode Hatorah V'Etz Chaim
47.	17K	Beth Jacob School for Girls
48.	15K	Argyrios Fantis School
49.	16K	St. Mark Lutheran School
50.	16K	Calvary & St. Cyprian Episcopal

From these schools were randomly drawn the Serviced Sample cases (200 children receiving program services) and the Control Sample cases (50 children, not receiving program services, who were the same-sex classmates of 50 of the serviced sample cases).

A copy of the letter which was sent to the staff members at these 50 schools and which directed them in sample-selection can be found in the Appendix.

From each of these 50 schools, 4 Serviced Sample cases and 1 Control Sample case were selected. These 250 children (200 Serviced cases and 50 Control cases) were the focus of the Teacher Questionnaires, Parents Questionnaires, and Record Card Data Surveys, to be described next.

D. Teacher Questionnaires

For each of the 200 Service Sample cases and the 50 Control Sample cases, teachers were asked to complete Initial Teacher Questionnaires (obtained during the Fall of 1970) and Final Teacher Questionnaires (obtained during the Spring of 1970). These questionnaires (reproduced in the Appendix and discussed in the Results chapter) dealt with the teachers' impressions of the child's academic and behavioral problems, the types of help he/she needs, and the extent to which the program seems to have alleviated these problems.

E. Parents Questionnaires

The parents of each child in the Serviced Sample (N=200) were invited to complete an Initial Parents Questionnaire (in the Fall of 1970) and a Final Parents Questionnaire (in the Spring of 1971). These questionnaires (reproduced in the Appendix and discussed in the Results chapter) dealt with the parents' perceptions of their children's academic and behavioral problems, in and out of school, and the extent to which the parents felt that the program's services helped or could help.

F. Record Card Data

Each of the 50 Serviced nonpublic schools were asked to provide us with 1969-70 and 1970-71 record card data for each of the 250 children studied (i. e., 200 Serviced cases and 50 Control cases). The data requested involved lateness and attendance records, year-end report card grades, and standardized achievement test scores. Each school was asked to supply this information for 5 children (4 Serviced cases and 1 Control case). The record forms are reproduced in the Appendix and the findings are presented in the Results chapter.

IV. RESULTS OF THE EVALUATION

The results of our evaluation are based on the following sources of data:

- A. Site Visits
- B. Principals Questionnaires
- C. Staff Evaluation: Questionnaires
- D. Teacher Questionnaires - Initial and Final
- E. Parents Questionnaires - Initial and Final
- F. Record Card Data (1969-70 vs. 1970-71)

(We had expected also to include an analysis of the BCG's and BEVG's year-end statistics but this information was not made available to us in time for the preparation of this report.)

Each of these sources of data will be next discussed separately.

A. The Site Visits

A member of our evaluation team visited 15 of the Serviced schools, made observations, and interviewed the clinical and guidance staff members present as well as any available administrative personnel of the host school. For each site visited, ratings of "inadequate," "adequate," or "superior," were made with respect to the following: Facilities (phone, space, location etc.), Materials, Outside Referral Activities, Parent Contact, Teacher Contact, Time Allotment, Cooperation (of the school's administration and staff, etc.), and Overall Effectiveness.

The ratings of these 8 categories for the 15 schools visited are summarized in the following table.

TABLE I

SUMMARY OF RATINGS OF THE ADEQUACY OF THE CLINICAL AND GUIDANCE FACILITIES OF
THE FIFTEEN SCHOOLS VISITED

<u>Factor</u>	<u>Inadequate</u>	<u>Adequate</u>	<u>Superior</u>
1. Facilities (phone, space, location)	8	5	2
2. Materials	2	5	8
3. Outside Referrals	3	4	8
4. Parent Contact	1	2	12
5. Teacher Contact	2	3	10
6. Time Allotment	4	3	8
7. Cooperation (of administration and faculty)	1	3	11
8. Overall Effectiveness	0	6	9

As can be seen, with the exception of one category, "Facilities (phone, space, location)," a large majority of the sites visited were found to be either "Adequate," or "Superior," in all regards.

Among the fifteen schools visited, the greatest source of inadequacy were the facilities designated for clinical and guidance use, especially the lack of private phones in convenient locations. Often phones were shared with members of the administration, or they were situated two floors below the guidance office, so that the counselor was forced to run up and down stairs several times a day to take important calls. Several counselors stated that they contacted parents and outside agencies by phone from other schools where they worked. Another difficulty was posed by the location of the office facilities. Often clinical and guidance staff members were allotted two places in which to work, one of which was shared with the nurse, a speech teacher, or another member of the staff. Very often, the staff's files could not be carried with them, so that much time was being wasted by the need to maintain various materials at different locations. Where offices were located in inconvenient places in the school, the convenience of visiting the counselor between classes could be adversely affected. Also, some offices offered no privacy, and this could strongly affect the willingness of children to freely discuss their personal problems.

A second factor rated was the adequacy of materials at the guidance counselor's disposal. These include play materials, supplies, materials on vocational guidance, and the like. The primary difficulties arising in the area were surprisingly not in connection with funds allotted for this purpose. Many guidance counselors stated that this year they received new funds which were more than adequate for obtaining materials. However, one social worker reported that she was unaware that the Bureau of Child Guidance furnished supplies, and she therefore had already spent money unnecessarily on supplies before she discovered that they were available from this source. One counselor had ordered some materials and the shipment was never received. Other counselors were able to make do with very little, using their own imaginations for constructing games or other activities for younger children which could put them at their ease and help the counselor discover the source and nature of the child's emotional disturbance.

Certain difficulties were also posed by the availability and quality of services for outside referrals. One guidance counselor complained that The Bureau of Child Guidance provided inadequate reports, and test results were too slow in coming back to her. Test results were said to be slow from other sources as well, even in such crucial areas as testing for mental retardation and pinpointing emotional disturbance. Thus, the effectiveness of outside referrals often depends upon the availability of a psychologist from the Bureau of Child Guidance or on the proximity of services to the school of the child's home. Of course, in schools where many children speak English as a second language, the problem of making effective referrals is further complicated.

Another important area for the guidance department is contact with parents. Difficulties arising here usually stem from the necessity for relying on the mail to bring parents in for conferences, when there is no phone convenient to the guidance counselor. Many parents work and cannot see the clinical and guidance staff during school hours. Also, many parents do not speak English well, and translators are needed, which could hinder openness in communication. Where bilingual teachers work in a school, the possibility of translating all communications from the school to the parents should not be overlooked, though it was found that frequently such resources were not mobilized for this purpose, despite the guidance counselor's suggestions. Those guidance counselors who were able to maintain effective contact with the parents usually were able to coordinate parent workshops with the cooperation of the administration and faculty. In this way, many parents could be reached at one time for such important subjects as educational guidance and school orientation.

Contact with teachers was the area found to pose the largest problem next to the guidance facilities. Frequently, this was due to the lack of time for the clinical and guidance staff to meet conveniently with teachers. Schools with a high turnover in teaching personnel especially need to provide time for sessions to familiarize teachers with guidance functions. One of the greatest setbacks to a guidance department occurs when teachers do not understand the guidance department's potential for handling behavior, emotional, or under-achievement problems. In schools where time was set aside for faculty-staff meetings on guidance, referrals for the more subtle problems of shy-withdrawn children tended to increase, and counselors were better able to assist the teacher in following up on children's progress, remediation in weak subjects, and so on. Since the only time clinical and guidance staff members and teachers can meet is usually on the lunch hour, it is understandable that communication is hindered, since many teachers must be on supervisory duty, and many teachers may not want to interrupt this free time for other reasons. Several counselors and social workers took the initiative in arranging workshops where they explained the functions of their department, discussed individual cases, or disciplinary problems, and the like. Workshops, again, provide another effective means of utilizing time efficiently.

The time allotted to a guidance counselor, psychologist, and social worker in a school are often inadequate to cover all areas of guidance all year round.

In cases where there is a large caseload and few Title I personnel to handle it, the guidance counselor and social worker can often cooperate to run groups separately and thereby service more pupils. A few of the schools did not have enough personnel to handle these large caseloads. Several clinical and guidance workers managed to cope with their shortage of time by handling people in groups, be they groups of children, parents, or faculty. Meetings held in the evening are also helpful. But some areas of guidance are inevitably time-consuming, such as high school applications. At certain times during the year, such work piles up and other areas of guidance must be postponed. Other factors which may consume time needlessly, mentioned above, include inconvenient locations of phones and files.

Cooperation on the part of the faculty and administration is often largely dependent on the degree to which they are familiar with clinical and guidance roles and functions. Cooperation is a broad term. It may include anything from disseminating to the guidance staff information on pending suspensions, expulsions, and other disciplinary measures so that guidance counselors who usually are familiar with the children affected can help the students and parents concerned, to policies on letting children out of class to see the counselor or social worker. Obviously, informing the faculty and students of the guidance counselor's and social worker's roles, or permitting the counselor to introduce himself to classes, also comes under this heading. Making arrangements for after-school functions, workshops for faculty or parents, etc., are also important areas where cooperation is needed. But there are also more subtle areas where the administration and faculty can be of help; for instance, administrative support of guidance procedures and decisions can be important in persuading reluctant parents to provide outside help for a troubled child. It is clear that contact with teachers is an important element in obtaining such cooperation, and, again, shortage of allocated time may limit the possibilities for obtaining such cooperation. However, it is equally clear that support from teachers and principals is crucial to attaining maximum effectiveness of the clinical and guidance services. In cases where teachers feel free to discuss the problems of children in their classes, the counselor or social worker has that much information to go on in mobilizing resources to help the child. Receptiveness to the counselors' suggestions and recommendations have, in many schools visited, improved the school's atmosphere and thereby the students' attitudes towards school.

It is apparent that most of these variables are highly interrelated, but room for improvement exists in almost all of them regardless of how effectively the guidance and clinical departments function at present. The designation "adequate" implies this need for improvement, but so does the rating "good." The overall rating for each school cannot fully convey the nature of the actual workings of the school and the clinical and guidance department. Rather, some schools may have provided guidance counselors with very scanty facilities and support, but the guidance counselor may also have managed, on the strength of initiative or imagination, to run an effective department despite such major setbacks. But although a counselor might have good control over the guidance functions on a personal level, no amount of individual effort can ensure maximum efficiency. This requires improvement in all of the above factors.

Brief excerpts from each of our site visit reports to these 15 schools follow:

1. The guidance counselor works 2½ days in this school. She was originally assigned to work Wednesdays, Thursdays, and alternate Fridays in this school; however, one of her days had now been changed to Tuesday. The 200 Puerto Rican and Black students she works with are in the ninth and tenth grades; they feed into a large high school of 1600 students. Because of the grade levels she deals with, and since very few of these minority group students have continued into higher education in past years, the guidance counselor's primary task in this school is in educational and vocational guidance with an emphasis on personal contact and individual counseling in order to improve the student's self-image.

Although the guidance counselor said she saw no need for paraprofessional help or for a social worker, (there is one available to several schools, including this one, on a part-time basis), she felt that psychological testing services would be helpful. Presently, she relies on the Catholic Charities Guidance Institute for psychological testing. No group testing whatever is done in the school, despite the problems in continuing education existing at this grade level, but the guidance counselor stated she felt such testing was unnecessary.

The guidance counselor keeps her own records on index cards in addition to the referral sheets from the B.E.V.G., and she tries to see to the disposal of cases virtually singlehandedly, with some aid from the principal. The greatest difficulty here is in early diagnosis and treatment. Referrals from teachers are minimal and follow-up is difficult, because of the lack of psychological testing services.

According to the guidance counselor, the strongest element in the guidance department is the cooperation of the principal in making referrals and assisting the guidance counselor. Evidently, the principal is very guidance-oriented.

The guidance counselor did not complain about the quality of her facilities, despite their apparent shortcomings. She works in a large room tucked away on an upper floor of the school. She had no phone in the office and a huge amount of empty storage space. The room was empty looking and lackluster, so that the guidance counselor's warm personal contact with the students who see her has to compensate for the stark surroundings.

It would seem that routine achievement testing should be instituted in a school where educational guidance is so important. The guidance counselor has very little outside help on which to rely, yet she seems to have mastered the situation quite well, maintaining close contact with those students who use her counseling services.

2. The guidance counselor, who is in her fourth year at this school, is in school Mondays and Tuesdays. The social worker is also in her fourth year at this school, and comes in Mondays. They serve 700 boys and girls in grades 1-8. The ethnic composition of this school is about 85% Puerto Rican and 15% Black. In addition to these Title I people, there are 3 paraprofessionals and

one bilingual teacher who makes home visits when warranted. These people do not maintain contact with the guidance counselor or social worker.

The guidance counselor and the social worker have adjacent offices and share a telephone. The location of the offices is easily accessible to the children, who seem to feel free to drop by frequently.

The guidance counselor cited as the most positive aspects of the guidance functioning, the cooperative innovative atmosphere, and the good supervision from the Bureau of Child Guidance. The most significant shortcomings, she said, were the lack of time she had to devote to the large number of students in the school (she had to divide her time between 4 schools) and the limited contact she was able to have with parents. She said that although resource materials were usually difficult to obtain, that did not pose a serious problem.

The social worker said that the major reason for referrals was disruptive behavior which usually results from poor rearing practices in the home. Psychological testing was done by outside agencies, and the social worker used the BCG since most local hospitals have long waiting lists. The Catholic Charities Guidance Institute and St. Vincent's Hospital were also relied upon for psychological testing. The children also take SRA Achievement Tests each fall. In addition to Reading Teachers' tests, the social worker said she was able to expedite testing when there was a possibility that the children would be dropped from parochial school and into public schools. The agencies have generally been cooperative.

There is a bilingual teacher in the school who makes home visits and relates to the children on a personal basis. The 3 paraprofessionals do mostly office work and do not serve such a liaison function. A woman from Catholic Charities also comes in 1/2 day each week to help with the most difficult cases. The time she spends at the school, however, is not considered sufficient. Funds are being set aside by the archdiocese to set up a special education class, but there is only enough money for six children to be served.

Another helpful part of the clinical program is that parents are able to attend their child's therapy sessions in the hospital to which the social worker refers them. Very few parents have taken advantage of this asset, according to the social worker.

Thus, although there is good cooperation from the administration, the supervisor, and most of the faculty, there seems to be little effort to coordinate all the possible outlets for clinical and paraprofessional services for the students.

There is, nonetheless, a willingness to experiment in the administration, and this spirit, combined with the cooperation among the guidance counselor, the social worker, and the supervisor, serve to make the clinical and guidance services as effective as possible at this time.

3. The guidance counselor, who is in her third year here, works two days a week (Tuesday and Thursday) at this school, with a social worker coming in Mondays. St. Joseph has approximately 800 boys and girls with a population

of about 50% Chinese, 50% White, and a sprinkling of Black and Puerto Rican children. The grades range from K-8.

The guidance counselor's main duty in this school is individual counseling with occasional group counseling for students and parents. She does some vocational and educational guidance as well, including some vocational testing.

The guidance offices are in two locations: the guidance counselor works in the corrective reading room on an upstairs floor, and in a smaller office behind the nurse's office on the first floor. Her files have to be shuttled back and forth with her, and this is a source of difficulty. The guidance counselor does have a telephone in the downstairs office. It is an extension to the principal's phone, however, and she feels this is an inconvenience.

The guidance counselor described her role as one of public relations. She felt that, despite certain difficulties posed by the school policy, she has been able to make some inroads and felt that progress was possible with time. One area of difficulty is referral to public schools for underachievers with grave reading problems. She cited a case where one child 13 years old was being promoted year after year despite his reading ability which remains at the second grade level. The guidance counselor feels that there are better facilities for corrective reading at the nearby public schools to help children with problems of this nature, especially since testing showed, in the above case, no mental retardation.

Another aspect of public relations which the guidance counselor seems to use to great advantage is the number of signs posted at various spots around the school saying: "Mrs. S., the Guidance Counselor: 1. Here to listen
2. Here to advise 3. Here to help."

She goes to great lengths to maintain good student and parent contact.

The resources at her disposal seemed adequate. There were materials on vocational guidance and drug abuse posted on the walls of her office. She also found testing through local hospitals adequate (there is no psychologist readily available for consultations to the school).

The main hindrance to the guidance function in the school is, then, the nature of the facilities available to the guidance counselor.

The guidance counselor seemed dynamic and capable, and her description of the public relations facet of her job evidences how effectively she is taking initiative to elicit cooperation from administration, faculty, students, and parents.

4. The guidance counselor has been at this school 2-1/2 years and works there four days per week (Monday-Thursday). She works at one other school. There is another guidance counselor who comes in Fridays whose job is to counsel 7th and 8th graders in educational and vocational areas only. The guidance counselor therefore deals primarily with the 1-6 graders, although she sees the older children occasionally for individual counseling on personal matters.

There are 950 children in this co-educational school, with a student body

highly mixed socio-economically and ethnically (including Cubans, Haitians, Dominicans, Italian Americans, and Blacks). Other Title I personnel in the school, aside from the two guidance counselors, include: a math teacher who comes in 4 days a week, 2 corrective reading teachers, 1 speech therapist in twice a week, one bilingual teacher, and an educational assistant who pulls shy-withdrawn children, or those with reading problems, out of classes to conduct small group sessions. There is no social worker or psychologist assigned to the school.

The guidance counselor's primary task is individual counseling. Her caseload is about 63 in this school, and she feels that she is effective in following up referrals and maintaining close contact with these cases. In addition to individual counseling, the guidance counselor sees teachers and other Title I personnel several times a week to confer with them on individual cases. She also sees parents on home visits, although workshops with the parents are conducted by teachers rather than by the guidance department. In general, the cases the guidance counselor deals with are referrals from teachers, the 2 principals (who must sign all referrals in any case), or the Title I staff members. They are mostly for underachievers or shy, withdrawn, children. If psychological testing is necessary, the guidance counselor uses the local hospital or, if the parent can afford it, she refers to private doctors. The other guidance counselor has the task of helping students find places in public and vocational high schools, since the recent tuition raise for parochial high schools in the area has resulted in a large flow into the public schools.

The office of the guidance department is in two locations: 3 days/week it is in the nurse's office where the files are kept; the fourth day, when the nurse is in, the guidance counselor moves to a reading room. Here she has a resource bookshelf stocked with vocational pamphlets and other information on school problems. The guidance counselor said that, with the extra money allotted this year for supplies, she was able to obtain useful materials and feels no lack in this area. She has no phone of her own, but again, feels no difficulty as she has easy access to several phones in the principal's offices. She stated that there was excellent rapport between faculty, administration, and staff, and it was for this reason that the lack of a private phone posed no problem.

The atmosphere of this school is very open, and there is a good deal of cooperative interaction among faculty, administration, and staff. Because of this fine rapport, the guidance counselor felt that the clinical and guidance program was highly effective within its limitations. The primary limitation being that one or two guidance counselors could not deal adequately with all 950 students on an individual basis. The heavy amount of paperwork required for reports and files was felt to be something of a setback in that it seems to detract from time that could be spent productively in seeing students. However, the guidance counselor seems to have managed, despite her large caseload, to deal effectively with students, parents, faculty, and administration.

5. The guidance counselor works at this school once a week, on Wednesdays, and also serves 4 other schools. This is his fourth year here. There are 293 boys in the school ranging in age from 5-1/2 to 15 years of age. The school grades run from first to eighth grades in academic subjects, but some boys study academic subjects in the affiliated high school and remain in the school's religious department, thus the large age range. The guidance counselor's present caseload in this school is 24.

The guidance counselor shares a room with the reading teacher who vacates it on Wednesdays, so the arrangement is convenient. Although there is a telephone in the office, the guidance counselor shares an extension and would prefer to have his own number so that he could contact parents and make other outside calls instead of relying on others to call him.

The guidance counselor felt that his materials and resources were adequate.

The counselor's duties at this school primarily involve individual counseling and the children he sees are generally referred by the religious studies department for acting-out behavior or for underachievement. There is no traditional educational or vocational counseling here due to the unique nature of this religious school and its surrounding community. Most of the boys go on to the affiliated high school. Since the orthodox community is so close-knit, and since it is trilingual (English, Yiddish, and Hebrew are spoken), the boys do not go into public high schools. There is evidently some stigma attached to seeing the guidance counselor and referrals are reluctantly made. The guidance counselor must therefore establish a personal trust relationship with the administration, the children, and the parents. He cannot do much group work with the children since this would involve pulling them out of classes and this would set them back academically. Group workshops with parents are also inappropriate to this setting.

Outside referrals are also difficult to handle. Parents are generally mistrustful of outside agencies and have expressed dissatisfaction with social workers and psychologists they do not know. They prefer to handle their problems within the religious community. The guidance counselor relies on the Jewish Family Service when outside referrals are necessary. Where mental retardation is a problem, an orthodox institute is used.

Aside from these difficulties, the guidance counselor cited the lack of time available in this school to make himself available to all 300 students. He also remarked that an overlap existed between the BCG, the social worker, the psychologist, and himself. (The former are available for consultation when needed.)

The guidance counselor would like to see evening centers and a summer religious center established to extend the amount of contact between guidance personnel, parents, and children, and provide continuity in the guidance services.

Despite the difficulties of working in such a close-knit, family-oriented community, the guidance counselor has obviously been able to win the trust of faculty, administration, students, and parents alike. Because he enjoys such good rapport with the members of the community, he is able to run an effective

guidance service.

6. This is the guidance counselor's third year in this school. The guidance counselor works here once a week on Fridays in a school of 300-400 boys and girls. The ethnic composition of the school is 100% Black, and the grades range from the first to the eighth, with one class on a grade.

The guidance office is a spacious one, and it is the counselor's first year in this location. Although duplicating machines and materials for teachers' use are stored here, the office seemed private enough and still accessible to the students who seem to feel free to stop by when they can get a teacher's permission to do so.

There is only one phone for the school and the convent, so the guidance counselor must often make calls to agencies or to the Board of Education from one of the other schools where she works.

Guidance work in this school consists primarily of individual counseling. Children are seen for underachievement, overt behavior problems, problems with peer relationships, and high school placement. Very little group work of any kind is done. The guidance counselor doesn't see children in groups because she only has one day a week in the school and this does not allow sufficient time for such activities. Moreover, there is very little interaction between teachers, staff, and administration, so teacher workshops cannot be held. In the three years this guidance counselor has worked in this school there has been a turnover of three principals as well as a high turnover in teachers. Policies therefore change from year to year, and relationships between teachers and the guidance counselor remain variable, in that teachers remain relatively unaware of how best to use the guidance department. The guidance counselor therefore works on an informal basis with teachers. Although there are three paraprofessionals who act as teacher aides, and a corrective reading teacher in the school, these people have no contact with the guidance department.

The only group work done this year is in educational and vocational guidance. The guidance counselor would like to extend this service to lower grades, but the principal does not seem to feel this is necessary, so such guidance remains at the eighth grade level only.

In previous years, the guidance counselor conducted group guidance sessions with parents. We found that because of this kind of contact she is able to maintain continuing and effective communication with parents from year to year.

There is no social worker or school psychiatrist connected with this school and the guidance counselor refers to outside agencies when necessary. In order to save time, the same agency is used for more than one school. The Northside Catholic Charities and the Child Development Agency are those she relies on most. Referrals and follow-ups are felt to be effective because of the close contact she maintains with these agencies. Children are routinely achievement tested. Tutorial agencies are also used. The guidance counselor felt that the materials and resources she had at her disposal in this school were good.

On the whole, the guidance counselor seems to make the most of her situation. In the limited amount of time she spends at this school, she is able to deal capably and effectively with the children and their parents, and goes to great lengths to improve the efficiency of the guidance services here.

7. The guidance counselor has worked nearly two years in this school. Until three weeks ago (from the date of the interview) she worked one day a week, alternate Tuesdays, but the district allotted funds for extra hours of guidance, so she now works Tuesdays and Fridays in this school, and handles one other school as well.

This school is a small one, with 1-8 grade classes, one class on a grade and 25-30 boys and girls to a class. The guidance counselor sees about 28 children regularly. Most of her work consists of individual counseling for children with acting-out problems. She conducts some group work and class conferences with eighth graders in the educational and vocational area. She also has informal conferences with teachers, singly and in groups. She stated that she intended to start parent workshops in the near future.

The guidance counselor cited some of the major strengths of the guidance program as being: the close cooperation of the principal and the close follow-up on outside referrals. She said that the local branch of Catholic Charities does excellent testing and is generally very effective.

In addition to the guidance program, this school has received federal funds for a three year observation program of the newly entered first grade class. There are 7 professionals, family workers, a social worker and a paraprofessional connected with this program at work in the school. They do not, however, maintain formal contact with the guidance counselor and have their own facilities in the school building.

The major setback to the guidance department here is the poor quality of the guidance facilities. There is no phone for the guidance counselor and she must rely on a phone at her other school to contact parents or agencies. She has an office in the basement of the school located in the teacher's lunchroom. The "office" is also used for school storage. Teachers and their classes must cross through the room several times a day, and cafeteria help also must come through the room, so there is no privacy for the guidance counselor and her visitors.

The guidance counselor in this school is highly experienced in dealing with children (she spent many years as a CRMJ teacher) and is able to use all her resources to good advantage. Thus, despite the poor facilities, the guidance counselor manages to conduct an effective guidance service.

8. The guidance counselor works here once a week on Mondays, although she was originally assigned to work once a week on Tuesdays. This is her third year at this school, and she also works at one other school. There are 182 boys and girls in the school, which ranges in grade level from K-8 with one class on a grade. The ethnic composition of the school is 95% Black and about 5% Puerto Rican.

The guidance duties in the school center primarily on individual counseling for children referred for underachievement, aggressive behavior, or withdrawn behavior. Normally, the guidance counselor sees about 25 students on a regular basis. There is some educational counseling done at the eighth grade level, and occasional parent conferences in the evening. The guidance counselor is also organizing a Career Day as part of her vocational counseling. Achievement testing is done routinely in this school with the arrangements made by the principals.

There are also corrective reading and math teachers, as well as a newly (at the time of this interview) assigned psychologist who is to come in twice a week. Arrangements are being made to have the psychologist come in on a day when the guidance counselor is in school so that they can coordinate their efforts. Since there is a high turnover among teaching personnel, there is little contact between the teachers and the guidance counselor. There are also no scheduled times when they could meet together, except, occasionally during lunch when enough teachers are off-duty. This seems to limit the understanding teachers have of the guidance counselor's work, although they are cooperative in letting the children out of class to see the guidance counselor. The guidance counselor mentioned, however, that the parents are very cooperative about coming in for conferences and do not have qualms about referring their children to her.

Outside referrals are made to Downstate Medical Center, or local clinics, in addition to the Bureau of Child Guidance. This is especially true in cases where physical defects such as poor eyesight or hearing hinder academic achievement. The guidance counselor said she tends to rely on parental follow-up and gives them information on what clinics are near their homes and how to contact them.

There are several difficulties with the guidance program here. One is the inaccessible location of the office, which makes it difficult to see children without walking to the other side of the school to pull a child out of class. There is also no phone in the office, which hinders the guidance counselor's ability to contact parents readily. The guidance counselor also noted the lack of time available for teacher conferences which she thought could be valuable. She said she would like to see time formally set aside during the day when teachers and other clinical staff could be available for such meetings. It is difficult to see the remedial teachers also because they only work part-time and on days when the guidance counselor is not in.

The strengths of the program lay in its good supervision, and in the high quality of individual attention the guidance counselor can pay to the children. The principal cited the guidance counselor's good rapport with the students. He also said that he would like to see more time allotted to the guidance counselor and some efforts to coordinate clinical and guidance services to provide a more self sufficient means of therapy and follow-up for the children instead of such heavy reliance on outside agencies.

The fact that the guidance counselor enjoys such a fine relationship with the students and parents, and gets a good deal of support from the principal enables her to run an effective guidance department.

9. The guidance counselor is in her first year in this school, and since February 1st has had her time here increased from one day to two a week. The students range from 1st - 8th grades, and there are 400 boys and girls in the school. The ethnic composition of this school is primarily Italians, Polish, German, Irish, and Puerto Rican. The caseload is about 25.

The guidance counselor works in a second floor nurse's office with no telephone. This complicates the problem of contacting parents who often work and who often don't appear for appointments. Many parents don't have phones either, so much of the communication must be through the mail.

The facilities are also lacking in storage space, and the guidance counselor feels the need for more. She would also like more play equipment for the younger children.

Another difficulty for the guidance department is posed by the fact that teachers have no free time for conferences. The guidance counselor does see them during lunch hour, but feels this is inadequate, as the teachers have not been sufficiently guidance-oriented. However, she is just now beginning to get referrals from the teachers for under-achievement and emotional problems.

The guidance counselor has seen parents in workshops. There were two such workshops in April concerning parents of students entering first grade next year, and parents of the present first graders. There was also a group session for parents of eighth graders for high school orientation. The guidance counselor conducts group guidance for eighth grade girls every Monday in addition, and these meetings were in their third week at the time of the interview.

There is no social worker and no psychologist available to this school. CRMD testing is done by the Bureau of Child Guidance and has yielded very slow results. Other outside referrals go to Green Point Hospital (which the guidance counselor feels relies too heavily on medication) and the local clinic connected with Brooklyn Psychiatric Hospital. Achievement testing is done routinely in the school, but is not considered to be in the guidance counselor's realm. She feels there has been some incorrect handling of this testing. The guidance counselor would like to see a psychiatrist and a social worker in the school using a team approach.

At this point the guidance counselor is able to work with the remedial reading teacher (the remedial mathematic teacher is not in on the same days she is). The best asset of the guidance department seems to be the excellent rapport she has with the children in the school.

In summary, the major difficulties for the guidance department in this school are the lack of adequate resources and agencies, and the lack of guidance orientation in school policies. Despite these setbacks, the guidance counselor has done effective work with parents and children, especially in the areas of school adjustment and high school orientation.

10. This is the guidance counselor's second year in this school. She works once a week on Tuesdays in a school of 110-20 boys in grades ranging from nursery school to eighth grade. Less than half the pupils are orthodox, but all speak Hebrew and there is a Hebrew-speaking principal as well as an English-speaking principal here.

The guidance counselor does individual and group counseling with the students. She worked with a social worker last year, but he did not return this year. A school psychologist was recently assigned to the school by the Bureau of Child Guidance, but the guidance counselor had not yet seen him at the time of this interview.

The children receive yearly achievement tests, but the testing is not handled by the guidance department except for the records of the scores. There is little room for educational and vocational counseling, and the principals fill out the high school applications. There is also no time when it would be possible for the guidance counselor to take over a class to discuss this kind of material.

The guidance counselor's caseload is about 13. She receives referrals for a wide variety of reasons ranging from family problems to physical disabilities. She runs one group for overweight boys. Some of the children's problems relate to the fact that they work a very long day (until 5:30p.m.) and have little time for recreation. In addition to the regular school, some students must work even longer for tutoring. The day is divided in such a way that the guidance counselor sees only the Hebrew teachers. English teachers come in at 2:30 in the afternoon to teach the higher grades, and it is difficult for the guidance counselor to maintain contact with them.

The guidance counselor's parent contact is very good. Despite the fact that in most families both parents work, the parents are very cooperative in coming for appointments. Parent contact is complicated by the lack of a phone at the guidance counselor's disposal. The guidance office is located in a small, dirty, and poorly ventilated office shared with the nurse. While the physical setting is unfavorable, the guidance counselor says the children don't seem to notice the conditions of the surroundings.

The guidance counselor makes outside referrals to the Jewish Board of Guardians; the Coney Island Hospital for psychological testing, learning disabilities, and family and individual therapy; Brooklyn College supplies speech, remedial reading teachers, as well as tutors; and there is a social worker whom the guidance counselor can call on who takes private cases.

The guidance counselor said her main setback is the shortage of time. She would like to have an extra day allotted for work in this school.

All in all, this guidance counselor seemed to be working very effectively in this unusual setting. She is accessibly located in the school, and children evidently feel free to drop by in between classes to see her -- and this despite the fact that most male yeshivas do not employ female counselors. In this case the guidance counselor's sex has not interfered with the fine rapport between herself and the parents and children.

11. The guidance counselor here works at one other school in addition to this one where she is in 2 days a week (Monday and Tuesday); this is her fourth year in this school.

This school consists primarily of Puerto Rican children with fewer Italians, Irish and Blacks. There are 800 boys and girls from grades 1-8. The guidance counselor stated that there are presently more referrals than she can handle by herself. There is no psychologist available to this school from the Bureau of Child Guidance. Although there was a social worker assigned to the school for two years, there has been none since last year, and the guidance counselor has picked up the most severe cases from the social worker in addition to her own caseload. There is also no one in the school who can make home visits.

Until a few months ago, the guidance counselor mostly saw children individually. She then began seeing the children in small groups and saw fewer children privately. She spoke with teacher in an attempt to root out the most severe cases in order to grapple with the large number of referrals. At this point the guidance counselor does more group counseling than individual counseling. While seeing about 10 children individually on a regular basis as well as a few parents, she has been conducting two eighth grade groups (once a week since September) consisting of 8 girls each (no boys came, and the group was formed on a volunteer basis). These groups are designed to help the children improve their self-esteem. The children themselves bring up the topics they would like to discuss. The guidance counselor had done group work with parents for 4-5 weeks at the beginning of the year, but the parents decided that they preferred private sessions.

In addition to student groups and work with individual parents, the guidance counselor had conducted teacher workshops for the first several months of school. Teachers met with the guidance counselor regularly during lunch hour to increase guidance awareness. The guidance counselor suggested that the teachers look out for the shy-withdrawn student who may often go unnoticed and unrefereed. This type of problem is now among the main reasons for referral, in addition to acting-out behavior and underachievement. The teachers have since requested discontinuance of the workshops due to the inconvenience of meeting during the lunch hour.

Other reasons for referral in this school include a substantial incidence of severe negligence and other family problems in the category of child abuse. Many of these cases are referred to the Society for the Prevention of Cruelty to Children or the Bureau of Child Welfare.

Other outside referrals go to the Catholic Charities Center near the school, which only takes older (7th-8th grade) boys; the Child Development Center at Greenpoint Hospital; and, for milder problems, the older children may be referred to the counselor-in-training program at New York University. There has been no psychologist available from the Bureau of Child Guidance for testing. The guidance counselor must therefore resort to other agencies although results are slow for CRMD testing, and the procedures very expensive. Since Bushwick Hospital only tests for children with emotional problems, it is difficult to get CRMD testing done at all, and the guidance counselor stated that this was one of her major problems.

Another problem is that the guidance counselor can devote less time this year to educational and vocational guidance than in previous years. She says, however, that the teachers help by disseminating information on specialized schools and careers in the classroom. Despite the fact that this school feeds into Bushwick High School, a "College Board school," there is a generally low level of aspiration among students, and the guidance department's efforts are addressed mainly into this problem.

The guidance counselor used to be situated in the nurse's office, a location which proved unsatisfactory, since children were unwilling to visit an office with such medical associations. This is the guidance counselor's first year in a larger room on the second floor of the school. Although it is used as a supply room as well, there is plenty of space for conducting the group work. The major setback to the guidance facilities here is the lack of a phone. The guidance counselor must rely on letters to bring the parents in for conferences.

The large turnover rate in personnel could be another potential source of difficulty for the guidance department. Only the Title I personnel remain of all staff members working here in the guidance counselor's first year. The situation has not posed many difficulties in this case, however, as the guidance counselor finds the new teachers very guidance aware and cooperative.

The high enrollment and the large number of severe problems in the student body pose some difficulties to the guidance department this year, and in order to meet the demands of the most severe cases, we must cut down the amount of time devoted to the milder problems in her caseload.

The difficulty should be mitigated by two major changes taking place in this school next year: 1) the district may allot 10 public schools in the district clinical teams of 8 members each. These teams are supposed to consist of clinical psychologist, social workers, pediatricians, speech and hearing therapists and the like. This would enable the guidance department to keep referrals closer to school so that follow-ups will be more efficient and help readily available. However, this plan is only tentative at present. 2) St. Barbara will begin an experimental ungraded program. This will mean that the children left back for several years will not stand out so much and this may aid in overcoming some of the emotional problems common to children held over.

The guidance counselor has been particularly effective in helping teachers become aware of the guidance department's roles and functions. She has taken a lot of initiative in adapting her methods to the needs of the school, and despite the setbacks she has encountered, she runs a highly effective department in this school.

12. The guidance counselor works in this school Monday and Tuesday and serves two other schools. She was originally assigned to work Tuesday only, but the second day was allotted months prior to the date of the interview. The guidance counselor has the aid of a social worker from Catholic Charities who comes in once a week to work on family problems. There is also a social worker from the Bureau of Child Guidance who comes in on Thursday. The guidance counselor must leave notes for him unless a communication is urgent, in which case they make appointments to meet together.

The school consists of approximately 250 boys and girls from grades 1-8. Most children are Spanish-speaking with a few Italians and Irish. This guidance counselor was the only one interviewed who criticized the evaluation design unfavorably. Her objection was to the use of Parent Questionnaires. She felt that parents did not know what their child's problems were, and that even if they did, they would be too defensive in their responses, thus distorting the accuracy of the data. The guidance counselor added that many parents are immigrants and do not speak enough English to understand the questionnaires, in addition to lacking adequate education to comprehend the true nature of the children's problems.

When asked the nature of the most frequent reasons for referral, the guidance counselor replied that they were: learning disabilities, peer problems, authority problems, hyperactivity, and withdrawal. She felt that the services available to the school from the Bureau of Child Guidance were inadequate. Test scores have been slow in coming and their reports gave inadequate information, according to her. Outside referrals are made primarily to St. Luke's Hospital which she finds to be thorough in testing. St. Luke's also provides group therapy, and homemaking services when parents are hospitalized or unable to provide this themselves. They also have Spanish-speaking staff members. Help in reading is supplied by a service at Columbia University. Catholic Big Brother, and Catholic Charities provide other sources for referral.

The guidance counselor does little vocational counseling this year, but would like to do more next year in seventh and eighth grade groups. At this point she was doing more on high school orientation and conducted parent groups to supply families with relevant information. By and large, family problems take up the largest portion, of this guidance counselor's time.

The guidance office is presently located in the speech teacher's library. On Mondays, when the speech teacher is in, the guidance counselor moves next door. There is no telephone in either office, and this is a great inconvenience to the guidance counselor.

The guidance counselor at this school would like to see better quality services assigned to the school. She says that she had no complaints regarding the cooperation of the faculty and administration. The principal of the school stated that she felt the guidance counselor to be highly effective in this school.

13. The guidance counselor is in her third year at this school; she works here Tuesday, Wednesday and alternate Thursdays. The social worker is in Monday and Wednesday, and she is in her first year in this school.

The school consists of about 800 boys and girls in grades 1-8. Most of the children are Spanish-speaking.

The guidance counselor sees about 35 children regularly on an individual basis. She also does a good deal of group work, including 3 groups consisting primarily of younger children with acting-out problems. High School orientation is also an important area in this school, and the guidance counselor sees all the eighth graders individually and in groups. She also visits seventh grade classes to address them on this subject. This counselor also does group work with parents

on high school information. She also sees parents individually and in groups who have family problems. Teachers are seen in groups for case conferences.

Referrals come mainly from teachers whose students have underachievement problems, but there are also many self-referrals. Frequent sources of difficulty for children in this school causing the need for guidance are family relationships and drug problems. This year, speakers have been invited to the school and programs were arranged by teachers to deal with the growing drug problem. The Model Cities program was also called into deal with this problem, and they conduct weekly parent workshops on Thursdays.

Another area in which guidance services are being used this year is to screen incoming first graders. This is being done for the first time in this school. This was accomplished by a questionnaire sent by the social worker to parents of those children. A speaker was also invited by the principal to address first grade teachers.

The social worker has a caseload of about 18 children. She makes home visits and sees two families regularly. In addition, she has set up a program in which eighth grade girls volunteer to help first graders with motor problems three times a week for 20 minutes a session. These girls work with first graders in writing readiness techniques in the classroom. The social worker's individual casework is primarily in the areas of improving self-image and family relations.

Referrals by the guidance counselor and social worker are made to Catholic Charities for family counseling. Referrals are also made to Mott Haven Mental Health Center, the University Clinic, the Huntspoint Multi-Service Clinic, Jacoby Hospital, Lincoln Hospital, and occasionally the Bronx Mental Health Center for psychiatric consultation. The Bureau of Child Guidance psychologist assigned to the Bronx is not readily available and must be requested through the social worker.

One communication problem with the Bureau of Child Guidance occurred when supplies were needed and the social worker was unaware that the Bureau of Child Guidance furnished them. Some supplies were therefore purchased before the rest were finally obtained from the Bureau.

The guidance counselor has her own telephone and a private office on the first floor of the school. The social worker does not have her own phone, and her files and supplies are portable, since she must move them to an office in a classroom on the second floor when it is available.

Both the guidance counselor and the social worker could use more time in this school, since there is little time available to meet with teachers, and the social worker's services could be effectively employed in running another student group.

The principal of the school also stated that full-time services would be desirable. As it is, the staff must spend extra time organizing the program to screen first graders, and the high school orientation consumes large amounts of time that could otherwise be devoted to disturbed children.

There are many assets to the clinical and guidance services in this school. The supervision is good. The drug program is becoming increasingly effective due to the cooperation between the school staff and the outside resource people. Also, there is increasing communication between administration, faculty and staff, this year being the first where the guidance counselor was invited to faculty meetings. Moreover, the guidance department is making every effort to extend the scope of its services and maximize its effectiveness.

14. The guidance counselor comes to this school two times a week, on Monday and Friday. She is in her third year at this school, and works at two others. She shares an office with the speech teachers, but most use the library on Monday when the social worker comes in. Her files are in the speech teacher's office. She also has to rely on the principal's phone to make calls and therefore has no privacy.

The student body at this school consists of 600 boys and girls from first to eighth grade. About 90% of the students are Black and Spanish-speaking and 10% White.

The guidance counselor deals mostly with behavioral problems, including family and peer problems. She sees two groups of seventh grade girls of eight or nine girls each. She also sees some fourth grade boys in a group. Of the 50 children she sees fairly regularly, about 23 are seen only on an individual basis, so the guidance counselor's time is rather evenly divided between group and individual counseling older boys having behavior problems are referred to the social worker who comes in once a week. The social worker also works with them in group.

In addition, to individual and group counseling for behavioral problems, the guidance counselor deals with high school planning on the seventh and eighth grade levels. She has the assistance of the teachers in this area. She also conducts parent workshops for the parents of the seventh and eighth grade students.

The guidance counselor has also held teacher workshops to discuss disciplinary techniques. This workshop only convened twice. The guidance counselor felt that harsh disciplinary methods had generated a lot of hostility among the students, and there have been fires and other types of vandalism in the school as a result. The administration evidently takes disciplinary measures, such as suspension for drug use, without informing the guidance counselor or the social worker. Since the children in question are often seen by the guidance counselor or the social worker this results in a breakdown of communication which may hinder the effectiveness of the guidance services.

Whereas last year the guidance counselor was able to hold case conferences with teachers, this year there is less contact with them. There are remedial reading and mathematics teachers as well as a speech teacher and a bilingual teacher with whom the guidance counselor maintains contact. However, she feels that the school has not used these resources to their best advantage. For example, although many parents are Spanish-speaking, all school announcements go out in English, whereas they could use the bilingual teacher as a translator.

Thus, many of the guidance counselor's suggestions are not implemented, since the school policies are not guidance-oriented. The guidance counselor feels that more work could be done in improving student attitudes toward school.

Other difficulties arise in outside referrals. The Tremont Community Council has a psychiatrist (once a week) and a social worker, and some referrals are made here. The social worker from Catholic Charities does not handle family problems and has only taken one out of 5 cases referred there by the guidance counselor. There is only one psychologist for the Bronx area from the Bureau of Child Guidance and this year the guidance counselor must go through the social worker to use her. Moreover, this psychologist is not readily available.

The kind of cases the psychologist will take is limited in that those cases requiring only evaluation are not accepted. When necessary, the Jacoby Hospital is used for psychological testing, but the results often take a year to get back to the guidance counselor. There are also many underachievement problems in the school and no tutoring service where underachievers can be referred. Also, referrals of older boys to the social worker for group work must require parental consent which is not always forthcoming.

The guidance counselor says she would like to do more screening of incoming students. She did this last year for the first grade. The guidance counselor has many suggestions for the improvement of the guidance services in this school. However, there is not much effective communication between the guidance department, faculty, and administration because the guidance counselor would like to have more time allotted to this school since, at this point, some of the problems of the student body are so severe.

The principal of the school also felt that more time was needed for the guidance counselor in this school. At this point, priorities have to be assigned, she said, since there are too many problems to be dealt with effectively on a twice a week basis.

Despite all these setbacks to the guidance services, the guidance counselor is obviously devoted to helping the children and has been very ambitious in setting up group counseling in order to see more children. She has also attempted to suggest how faculty-student relations could improve, but work such as this would take further cooperation from the faculty and administration and more time than the guidance counselor has available to her in this school year.

15. The guidance counselor is in her second year at this school; she comes in two days a week, Thursday and Friday (she was originally assigned to work Thursdays only), and works in one other school.

The guidance department in this school is located on the fifth floor. It consists of two rooms, a small private room called the Dispensary, shared with the speech therapist, as well as another room next door to this one where the files are kept. There is no phone on this floor, so the guidance counselor is obliged to run back and forth between the two offices and between the third and fifth floors to make and answer telephone calls. (There is an intercom system in the Dispensary). She found this arrangement to be a distinct inconvenience.

There are 250-75 boys and girls in this school ranging from grades K-8. Last year there were two counselors, but this year there is only one; she works with a paraprofessional who comes in on Friday and conducts small groups of young children.

Most of the guidance counselor's work is geared toward the parents this year. Last year she conducted weekly parent groups where family problems were discussed. These were evidently greeted with enthusiasm and often lasted double the time allotted for them. This year, however, the guidance counselor has much less time for work of this nature. She now sees many children individually (she has seen about 79 of the children this year, most of them more than once), and individual parents.

For the most part, her cases pertain to issues surrounding the cultural adjustments of children coming from tradition-oriented homes. Difficulties arising from the cultural orientation of the community include the language barrier. There is also an English-as-a-second-language teacher who was recently allotted five days a week. The guidance counselor can obtain translators with little difficulty; however, this situation may interfere with the willingness of non-English-speaking parents to confide in her. At present referrals pose a problem since non-English-speaking parents cannot rely on the usual sources of psychological help. The constituency of the school is spread over a large geographical area, moreover, and referrals must be made to agencies near where a family lives.

There were about 16 children seen for the reason that they were being transferred out of the school. The transfers were primarily initiated by the parents. The guidance counselor maintains good relationship with most parents because of the group contact she had with them last year. For the most part, the community is willing to cooperate with her efforts. But parental pressure of the school is strong, and much of it comes through the school board. There is a high turnover in teacher personnel to the extent that only four out of nine teachers remain from last year. This has not resulted in the kind of difficulty for the guidance department that might be expected. The new teachers are evidently quite cooperative and are free with their referrals. The guidance counselor is able to meet often with them during lunch hours.

The above-mentioned small groups conducted by the paraprofessional are designed to teach young children how to play. The guidance counselor was also able to convince the principal of the need for an outdoor recess, and for the first time this year, children are permitted to play in the yard during lunch period. The children do have gym periods three times a week, but the gym teacher had been absent often enough last year to diminish the children's weekly play time. As a result of the new recess policy, there has been a significant decrease in acting-out problems this year.

The parents have also complained that children did not receive enough homework assignments. The guidance counselor was able to have her suggestion implemented that the hours of homework assigned be graduated by grade and staggered by subject. She was also able to influence the amount of busy work assigned as punishment, as well as to modify the policy for discipline, so it

could better suit the nature of the infraction.

Most of the cases seen by the guidance counselor are for reasons of withdrawal, underachievement, for acting-out problems, and transfers to public schools. In addition to individual counseling, much of the guidance counselor's time is spent in high school orientation and vocational counseling. She has taken eighth grade classes on visits to high schools and sees groups having specialized technical or vocational interests. The main setback to the high school counseling this year was the loss of some applications mailed to the Board of Education.

Another difficulty arose this year, when the materials ordered by the guidance counselor were never received. This was the second year that materials order didn't come in. Thus, while enough funds were set aside for this purpose, there is still a shortage of good materials.

The principal of the school remarked that the guidance counselor was highly effective. He felt that no more time was needed in this school. He also noted that strict school policies kept behavior problems to a minimum. Parents cooperated in implementing school policy toward unruly children, and those children that remain continually disruptive are expelled from school.

The guidance counselor noted several instances in which the teachers and the principal were supportive and cooperative toward the guidance department. She thus enjoys a good relationship with both Faculty and administration. The school setting seems to be a difficult one to work in largely because of the nature of community pressures. The fact that the community is geographically spread out poses referral problems in addition to the linguistic problem. Nonetheless, the guidance counselor is evidently able to implement her suggestion and seems to maintain good relations with parents and children as well as faculty and administration. She has taken several effective and concrete measures to reduce the number of behavior problems in the school, and she has effectively geared the guidance department to meet the unique needs of the community served by this school.

B. The Principals Questionnaires

Non-Public School Principal Questionnaires (see Appendix) were sent to the 150 principals of non-public schools eligible for New York City Board of Education services of Clinical (Bureau of Child Guidance) and Guidance (Bureau of Educational and Vocational Guidance) personnel. Of these, 106 were returned in completed form. An analyses of the results of these follows.

Item #1 asked the principals to "Please indicate which of the following clinical and guidance staff members are provided for your school by the New York City Board of Education."

None of the 78 respondents reported having a psychiatrist assigned, although one principal indicated that such a doctor was "on call." Twelve principals reported having a psychologist assigned, each one day per week. Forty reported having a social worker assigned. Of these, one was assigned one-half day per week, twenty-seven had one day per week, and twelve had two days per week.

Ninety-nine of the 106 respondents reported having a guidance counselor assigned. These ranged in assignment from one-half day to five days per week and were distributed as follows:

TABLE II

<u>Days Per Week A Guidance Counselor Is Assigned</u>	<u>Number of Schools</u>
0	7
1/2	5
1	60
1 1/2	2
2	25
2 1/2	2
3	1
4	3
5	1
	<hr/> N=106

The number of clinical and guidance perscnel, without regard to days per week covered, assigned to each of the 106 schools was as follows:

TABLE III

<u>Staff Assigned</u>	<u>Number of Schools</u>
None	5
Guidance Counselor only	51
Social Worker only	2
Guidance Counselor and Social Worker	36
Guidance Counselor and Psychologist	10
Guidance Counselor, Social Worker, and Psychologist	2
	<hr/> N=106

Item #2 asked the principals to indicate how adequate they felt the amounts of these services to be. The results were as follows:

TABLE IV

<u>Staff Category</u>	<u>Fully Adequate</u>	<u>Barely Adequate</u>	<u>Somewhat Inadequate</u>	<u>Grossly Inadequate</u>	<u>Number of Respondents</u>
Psychiatrist	1	0	1	20	22
Psychologist	3	3	4	23	31
Social Worker	11	10	6	29	56
Guidance Counselor	15	31	23	30	99

The vast majority of principals responding to this question felt the amount of coverage offered by psychiatrists and psychologists to be grossly inadequate. About half of the respondents found the amount of social work coverage also to be grossly inadequate. In contrast, only about 30% felt the amount of guidance counselor coverage to be grossly inadequate. However, even in this category, only 15% of the respondents felt the amount of guidance counselor coverage to be fully adequate.

Item #3 asked the principals to indicate how adequate they felt the quality of these services to be. The results were as follows (Responses for each category are reported only for those schools which actually had that category of personnel assigned):

TABLE V

<u>Staff Category</u>	<u>Fully Adequate</u>	<u>Barely Adequate</u>	<u>Somewhat Inadequate</u>	<u>Grossly Inadequate</u>	<u>Number of Respondents</u>
Psychiatrist	0	0	0	0	0
Psychologist	8	0	2	1	11
Social Worker	27	4	5	3	39
Guidance Counselor	71	14	11	3	99

The sampled schools weren't aware of the BCG psychiatrist's availability sufficiently to rate the quality of his coverage. Of the eleven responding schools with psychologists assigned, 8 (73%) judged the quality to be fully adequate, 0% judged the quality to be barely adequate, 2 (18%) judged the quality to be somewhat inadequate, and 1 (9%) judged the quality to be grossly inadequate.

Of the 39 schools evaluating their social work coverage, 27 of the principals (69%) judged the quality to be fully adequate, 4 (10%) judged the quality to be barely adequate, 5 (13%) judged the quality to be somewhat inadequate, and 3 (8%) judged the quality to be grossly inadequate.

Of the 99 schools with guidance counselor assigned, 71 of the principals (71%) judged the quality of coverage to be fully adequate, 14 (14%) judged the quality to be barely adequate, 11 (11%) judged the quality to be somewhat inadequate, and 3 (3%) judged the quality to be grossly inadequate.

It thus appears that the vast majority of parochial school principals found the quality of clinical and guidance services provided to be generally adequate.

Item #4 asked the principals, "If offered these services on an unlimited basis, how many days per week of each would you request? (Do not limit yourself to five days, because that is a full school week. For instance, if you feel you need 2 full-time professionals in a category, indicate this as 10 days, etc.)" The following table gives the results of this question:

TABLE VI

Staff Category	Days Per Week										Totals
	0	1/4 or 1/2	1	2	3	4	5	6-9	10	More Than 10	
Psychiatrist	40	7	22	13	6	0	13	0	1	0	102
Psychologist	30	4	24	15	13	0	12	0	7	1	106
Social Worker	26	0	14	18	7	3	28	1	6	2	105
Guidance Counselor	7	1	10	18	15	4	27	1	17	5	105

The majority of principals would request a psychologist and psychiatrist not at all or only on a very part-time basis. Summarized on a percentage basis, the picture looks as follows:

TABLE VII

Staff Category	Days Requested			Total Percentage
	0	1 or less	2-4	
Psychiatrist	40%	29%	19%	88%
Psychologist	28%	26%	26%	80%

In contrast, 35% of the respondents would like to have a social worker assigned five or more days a week and 48% would like to have a guidance counselor assigned five or more days a week.

Item #5 asked the principals to indicate the three most frequent types of problems they felt the clinical and guidance staff have been helping them with. The results were as follows:

TABLE VIII

Type of Problem	No. Of Principals Who Chose This Category
Assessment of individual student's behavior problems	68
Assessment of individual student's personal problems	61
Treatment of personal problems	36
Assessment of individual student's educational problems	33
Treatment of behavior problems	35
Vocational guidance	30
Educational guidance	21
Remediation of educational problems	11
Other	4

It thus appears that principals see the clinical and guidance staff as providing help primarily with mental health problems and secondarily with specifically educational and vocational problems.

Item #6 asked the principals to indicate the three most important types of problems they would like more services for in dealing with by the clinical and guidance staff. The results were as follows:

TABLE IX

<u>Type of Problem</u>	<u>No. of Principals Chose This Category</u>
Treatment of behavior problems	60
Treatment of personal problems	56
Assessment of individual student's personal problems	36
Assessment of individual student's behavior problems	32
Remediation of educational problems	33
Assessment of individual student's educational problems	30
Vocational guidance	17
Educational guidance	14
Other	2

Here, too, the principals indicate that they look to the clinical and guidance staff to provide help primarily with mental health problems and secondarily with educational and vocational problems.

Item #7 asked, "To what extent do you feel that the clinical and guidance staff provide the teacher with adequate and useful information concerning the children they have dealt with?" The results were as follows:

TABLE X

<u>Response Category</u>	<u>Number of Principals Who Chose It</u>
In a fully adequate manner	45
In a barely adequate manner	30
In a somewhat inadequate manner	17
In a grossly inadequate manner	7
	<u>7</u>
	N=99

It thus appears that, in general, principals were satisfied with the manner in which the clinical and guidance staff provide teachers with adequate and useful information concerning the children they have dealt with.

Item #8 asked, "After accepting a referral, how adequately do you feel the clinical and guidance staff to be in the extent to which they follow-up the referral, i.e. provide the needed services or make the necessary referrals so as to see that the referral problem has been sufficiently dealt with?" The responses distributed themselves as follows:

TABLE XI

<u>Response Category</u>	<u>Number of Principals Who Chose It</u>
Always adequately followed-up	31
Usually adequately followed-up	49
Seldom adequately followed-up	15
Rarely or never adequately followed-up	2
	<u>N=97</u>

These results suggest that the principals were very satisfied with the extent to which referrals are handled.

Items #9 and #10 asked, respectively, "Please describe briefly your overall assessment of the strengths and weaknesses of the clinical and guidance services provided for your school" and "Please briefly recommend whatever changes you would like to take place in the clinical and guidance services provided for your school."

The principals' responses to these open-ended questions were so uniform that they are easily generalized. In brief, the strengths of the program were described as the provision of high quality traditional clinical and guidance services. The weaknesses, with almost no exception, referred to an insufficiency of services. The recommendations for changes, again with almost no exceptions, consisted of a request for more services, in general, or services of categories of clinicians not assigned to that principal's school.

Consequently, items #9 and #10 were already adequately dealt with in the respondents' answers to many of the preceding items dealing with their assessments of the clinical and guidance services they felt their schools were in need of.

In summary, it can be said that, in the opinion of the non-public school principals sampled, the project is successfully providing services of an adequate nature and of an adequate quality, but these services are of an insufficient quantity. This suggests that this project, Clinical and Guidance Services to the Non-Public Schools (1970-71), has operated successfully within the limitations imposed by the inadequate funds appropriated to it, at least as far as the host principals are concerned.

C. The Staff Evaluation Questionnaires

Completed Staff Evaluation Questionnaires were returned by 68 guidance counselors, 9 school social workers, 3 school psychologists, and 2 supervisors of guidance. The returns will next be reported separately for each of these professional groups.

The School Guidance Counselors (N=68)

Item #1 asked, "How many hours per week you serve this project." The 68 respondents answers distributed themselves as follows:

TABLE XII

<u>Hours per Week</u>	<u>Number of Respondents</u>
1 - 4	2
6 - 6 1/2	10
12 - 19 1/2	29
20 - 30	11
over 30	16

Thus the school guidance counselors reported servicing non-public schools from 1 to 36 hours per week. On the average, the counselors reported servicing the non-public schools about 27 hours per week each. Thus, with the probable exception of those 12 counselor who serve 6 1/2 hours per week or less, guidance counselors assigned to the non-public schools typically work enough hours to have the opportunity to become a fairly well integrated member of the school staff rather than to be seen, and to see himself, as an "outsider" who makes infrequent visits and never really gets to see the school in all its workings. This is an important point, since itinerant, very part-time clinical and guidance workers often come to be viewed as operating outside the regular routine of the schools they service. Only when present often enough for their faces to become familiar to the school's staff and students do such workers get related to in the close and trusting manner that their most effective functioning requires.

Item #2 asked the guidance counselors to indicate their years of prior guidance experience with the New York City Board of Education and in other school settings. Their answers ranged from 1 to 11 1/2 years of prior service with New York City Board of Education (mean=2.8 years). Thirteen of the 68 counselors reported having one or more years of previous additional guidance experience in settings other than the New York City Board of Education. Thus the guidance counselors assigned to the non-public schools tend to be a fairly experienced group with no "neophytes" and very few "old hands" among them.

Item #3 asked the guidance counselors to, "Please describe your primary duties in this program." The seven most frequent categories of responses, along with the number of counselors who indicated them, were as follows:

TABLE XIII

<u>Primary Duty Category</u>	<u>No. of Counselors</u>
Individual counseling	54
Parent and Teacher contacts	39
Group Guidance workshops, staff conferences	37
Educational Guidance (including high school orientation)	37
Outside Referral Activities	37
Vocational Guidance	21
Diagnosis and Treatment	13

This array of responses seems perfectly in keeping with traditional school guidance counselor roles.

Item #4 asked the guidance counselors to "Describe what you feel are the major strengths of your program." The most frequent categories of responses, along with the number of counselors who indicated them, were as follows:

TABLE XIV

<u>Major Strengths of Program</u>	<u>No. of Counselors</u>
Provides needed services	32
Creating cooperation among parents students, and faculty	24
Early identification of problems	7

Other, less frequently, selected major strengths noted were: good supervision; good cooperation among guidance staff, community resource people, Board of Education staff, and non-public school staff; opportunity for flexible programs and approaches; effectiveness of referral procedures.

In general, the counselors' responses to this item suggested that they are very pleased with what they are doing and the setting in which they are working.

Item #5 asked the counselors to, "Describe what you feel are the major weaknesses of your program." The most frequent categories of responses, along with number of counselors who chose them, follow:

TABLE XV

<u>Major Weaknesses of Program</u>	<u>No. of Counselors</u>
Lack of enough time to fulfill duties	43
Inadequate support of services	14
Too high a pupil-to-counselor ratio	13

Other, less frequently, selected major weaknesses noted were: lack of adequate facilities, not enough psychological services available, not enough contact with parents and school staff, inadequate telephone availability, lack of integration into school policy-making, slow referrals, and need for more workshops.

It would thus appear that, although they feel that they are doing a good job, the counselors feel they are not doing as good a job as they could because of lacks in time, facilities, support, and cooperation (primarily from their non-public school hosts). It is easy to see that a sense of frustration might develop among the counselors since these perceived inadequacies seem to be beyond their own control.

Item #6 asked the counselors to, "Please indicate which of the following statements most closely approximates your overall evaluation of the program's effectiveness." The number of counselors who responded in each of the four provided response categories were:

TABLE XVI

<u>Response Category</u>	<u>No. of Counselors</u>
(a) Highly effective	34
(b) Moderately effective	32
(c) Slightly effective	2
(d) Not effective	0

These responses lend strong and obvious support to the impressions described above that the guidance counselors assigned to the non-public schools are generally very satisfied with the effectiveness of their program. Not a single guidance counselor judged his program to be "not effective"!

Item #7 asked the counselors to, "Please describe those changes you feel should be made to increase the effectiveness of the program." Naturally, most of the responses to this item referred to amelioration of the program weaknesses already referred to. Thus the most frequent responses dealt with such things as: the need for increased staff and increased time to accomplish goals, need for improved facilities especially telephones, the need for procedures designed to increase the non-public school staffs' guidance orientation, increasing psychological services, increasing special classes within the non-public schools, greater opportunities for professional enrichment, especially seminars, conferences, and workshops with other counselors working in the public schools.

The School Social Workers (N=9)

Asked in Item #1 to indicate the number of hours per week they were assigned to the non-public schools, the 9 social workers all reported working between 32 1/2 and 38 1/2 hours per week. Thus they were all assigned essentially on a full time basis covering about 3 schools each.

Item #2 dealt with the social workers years of previous experience. They reported an average of 3 1/2 years previous experience in New York City Board of Education schools and 1 year of previous experience in other settings. As a group, then, they are a quite experienced group (slightly more so than their guidance counselor colleagues).

In Item #3 they were asked to "Please describe your primary duties in this program." Of the 9 social workers, all 9 listed consultation with school personnel, 7 listed diagnosis and treatment of school problems, and 5 listed each of the following: referral to other agencies and professionals, casework services, and conducting group sessions with students, parents, and teachers. As was found in the case of the guidance counselors, the social workers' description of their primary duties seems fully consistent with the traditional school social worker's typical role.

Item #4 asked the social workers to "Describe what you feel are the major strengths of your program." Most of the answers could be subsumed under the headings of: good cooperation from the non-public school personnel, fewer very disturbed children and families to work with than is the case in the public

schools, a generally favorable school atmosphere under which to work, opportunity to employ flexible approaches, availability of their clinical team-mates.

Item #5 asked, "Describe what you feel are the major weaknesses of your program." The most frequent weaknesses noted were: insufficiency of time during which to accomplish goals; inadequacy of facilities, especially telephones; inadequate coordination of staff including Title I personnel, incomplete understanding of social work functions among non-public school administrators and staff; lack of tutorial services; language barriers; duplication of services; inability to meet with parents; overabundance of paper work.

Item #6 asked the social workers to, "Please indicate which of the following statements most closely approximates your overall evaluation of the program's effectiveness." Of the 9 social workers, 2 judged the program to be "highly effective," 6 "moderately effective," and 1 "slightly effective." None judged the project "not effective." Thus, as a group, the social workers judged the clinical and guidance services to the non-public schools project to be an effective one. However, whereas the guidance counselors rated the project as "highly effective" as frequently as they rated it "moderately effective," the preponderance of social workers rated the program to be "moderately effective."

Item #7 asked the social workers to, "Please describe those changes you feel should be made to increase the effectiveness of the program." Many of the answers dealt with overcoming the weaknesses described under Item #5. Others dealt with the need to limit each social worker's assignment to two schools and the provision of more psychiatric and psychological services. These and others of their recommendations were very similar to those made by the guidance counselors. In two areas, however, the social workers, consistent with their professions outlook and specific training, made strong recommendations that the guidance counselors made only fleeting reference to. These were (1) a need to shift the focus from the problem child to the home, school, and community environment which produced his problems, and (2) a need to specifically establish programs to make the non-public school personnel more aware of children's psychosocial needs in today's world.

The School Psychologists N=3

The three school psychologists all indicated, in Item #1, that they work full time on the project. Item #2 dealt with previous experience; one psychologist reported three years with the Board of Education and six years experience in other settings; one psychologist indicated one year with the Board of Education and two years of outside experience; one psychologist reported no previous experience.

Item #3 asked the psychologists to, "Please describe your primary duties in this program." All three psychologists listed evaluation, testing and placement of emotionally disturbed children. Two listed conferences with parents and teachers. One listed referral activities and one listed conferences with Title I Staff. As was the case for the guidance counselors and the social workers, it appears that the school psychologist in the non-public schools has as his primary duties those activities which are typical of the school psychologists traditional role. There was however a noticeable lack of reference to psychotherapeutic services.

Item #4 asked the psychologists to indicate the "major strengths of your program." The opportunity to make early diagnosis and appropriate placement recommendations for mentally retarded youngsters was mentioned by two of the psychologists as well as the opportunity to intervene on behalf of school children's mental health needs in general. (One of the three psychologists felt that she was too new on the job to answer items 4, 5, and 6).

As to the major weaknesses called for in Item #6, the following were listed by the psychologists: not enough parental involvement, poor understanding of preventive mental health needs, too few school psychologists are available to handle all of the referrals, and the recommendations made to outside agencies have not been effectively followed up.

When asked in Item #6 to indicate their judgment of the program's effectiveness, one psychologist rated it as highly effective, one as moderately effective, and one left the item unanswered.

Item #7 asked the psychologists to "Please describe those changes you feel should be made to increase the effectiveness of the program." The following recommendations were made: The same psychologist should be assigned to the same school year after year, where possible, to insure continuity of relationships and services; workshops and conferences with Title I personnel and non-public school staff to enrich their understanding of children's mental health needs; more psychologists should be assigned to the project.

In general, the psychologists seemed less pleased with their program than did the guidance counselors or social workers. They seemed "spread too thin" and frustrated by their difficult task and lack of integration in the non-public schools' policy-making, especially regarding children's mental health needs.

The Supervisors of Guidance (N=2)

Each of the two supervisors of guidance indicated working five days per week on the project (Item #1). One covered Brooklyn and Queens and the other Manhattan, Bronx, and Richmond. Item #2 asked for years of previous experience. One reported ten years New York City Board of Education experience and two years outside previous experience. The other supervisor indicated eight years of New York City Board of Education experience and one year of outside previous experience.

Both supervisors, as asked in Item #3, listed as their primary duties the following: assisting counselors, developing programs, hiring and training guidance personnel, and improving counseling techniques and procedures.

In answering Item #4, they indicated the major strengths of the program to be: the high percentage of counselors who return each year, the high level of skill, training, and experience of the guidance staff, the staff's positive response to supervision, a coordinator who has ensured a smooth running administrative structure for the program, high staff morale, and the favorable attitudes of the local school districts to the guidance program offerings.

In Item #5 both supervisors of guidance listed the major weaknesses of the program to be the fact that they are "spread too thin," i.e., they have too many counselors to supervise and too little time assigned to do the job.

Both supervisors, in Item #6, judged the program to be "highly effective." When asked in Item #7 to recommend changes for increasing the program's effectiveness, both supervisors of guidance referred to a need to increase the guidance staff so as to reduce the student-to-counselor ratios.

Summary of The Staff Evaluation Questionnaire Results

In general, except for feeling overburdened, understaffed, rushed, and lacking in facilities (especially telephones), the project staff seem to view their program in very positive terms. They feel they know what has to be done and how to do it but feel they need more support of all kinds.

D. The Teacher Questionnaires

1. The Initial Teacher Questionnaire Results

Each of the fifty schools sampled were asked to supply five initial teacher questionnaires (4 on children who were being serviced by the clinical and guidance staff and one on a control sample case, i.e., same sex, nonserviced classmate of one of the serviced sample cases). Thus the expected totals were fifty control sample cases and 250 serviced sample cases. However, completed initial teacher questionnaires were returned only for 33 of the control sample cases and 171 of the serviced sample cases.

Of the 33 control sample cases, 20 were boys and 13 were girls. Of the 171 serviced sample cases 97 were boys and 74 were girls. Thus the sex ratios for these two groups are roughly comparable, i.e., 60% of the controls were boys and about 57% of the serviced cases were boys.

The grade distributions of these two groups were as follows:

TABLE XVII

<u>Grades</u>	<u>Number of Cases</u>	
	<u>Controls (N=33)</u>	<u>Serviced Cases (N=171)</u>
K	1	1
1	3	23
2	1	22
3	6	28
4	11	24
5	1	17
6	2	15
7	1	15
8	5	16
9	1	6
10	1	2
11	0	0
12	0	2

Thus, in both groups, the grade-range is widespread with most cases distributed throughout grades 1 - 8. In this regard, too, the control sample and the serviced sample are roughly comparable.

We will now compare, item by item, the results of the initial teacher questionnaires for the 33 control sample cases and the 171 serviced sample cases.

Item #1 of the initial teacher questionnaire asked the teachers to check, if it were true, that, "This child is doing poorly in almost all academic aspects of school work." The teachers indicated that 11 control sample children (33%) were doing poorly in almost all aspects of school work and that 71 (45%) of the serviced sample children were. Since such a poor showing in school would be a major reason for referring children for clinical-guidance help, it is therefore to be expected that a larger percentage of the serviced sample would be so rated. However, it is rather surprising that one out of three non-referred school children were also

considered by their teachers as doing so poorly in school. It is even more surprising that children rated as doing so poorly in school were not themselves referred for clinical-guidance services. However, this might result from the non-public school staff's realistic appraisal of the limited caseload that the clinical-guidance staff could reasonably be expected to handle. Another possible explanation is that the control sample cases, being classmates of the serviced sample cases, might tend to be in slower track classes, at least those who attend schools which utilize homogeneous class groupings.

In contrast to the foregoing Item #3 asked teachers to indicate if, "This child does not have any problems with the academic aspects of school." Eleven of the control sample cases (33%) and 23 of the serviced sample cases (13%) were so rated. Such a discrepancy is to be expected, since, as a general rule, children are not referred for clinical-guidance services if they are doing perfectly well in all aspects of their academic work.

To recapitulate the findings of Items 1-2, it can be said that for the control group, 1/3 were rated as doing poorly in almost all aspects of school work and 1/3 were rated as having no problems with academics. In contrast, for the serviced sample, 45% were judged as doing poorly in all academic areas and only 13% as being free of academic problems. This leaves 1/3 of the control sample as doing poorly in only a few areas of school work and 42% of the serviced sample as doing poorly in a few areas of school work.

Item #2 addressed itself to this intermediate group, since it asked teachers to indicate if, "This child is doing poorly in just a few areas of academic work" "please circle in which area or areas he is doing poorly." The number of cases (and percentages) of children rated as doing poorly in each of the areas indicated is compared for the control sample and the serviced sample in the following table:

TABLE XVIII

<u>Area of School Work in Which the Children Are Doing Poorly</u>	<u>Control Sample (N=33)</u>		<u>Serviced Sample (N=171)</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
a. reading	5	15	36	21
b. writing	2	6	21	12
c. mathematics	5	15	39	23
d. spelling	1	3	19	11
e. social studies	4	12	22	13
f. science	5	15	13	8
g. foreign language	0	0	1	0
h. other	4	12	19	11

Thus for both the control sample and serviced sample, those children who were rated as doing poorly in just a few areas of school work were rated as having difficulties throughout the range of academic subject areas. It would appear that the serviced sample has a greater prevalence of academic problems but that there is very little difference between the groups in the types of academic problems they have.

Item #4 asked whether, "This child is having problems with one of the following aspects of school behavior. If yes, circle in which area or areas he is having problems:" The results for the control sample and the serviced sample are summarized in the following table:

TABLE XIX

School Behavior Problem Area	Control Sample (N=33)		Serviced Sample (N=171)	
	No.	%	No.	%
a. speech and communication	6	18	62	36
b. general classroom behavior	9	27	66	39
c. general attitudes towards school	3	9	48	29
d. behavior towards his teacher	2	6	27	16
e. behavior towards his classmates	4	12	65	39
f. lateness	2	6	20	12
g. absence	2	6	14	8
h. truancy	1	3	3	2
i. sickness	1	3	10	6
j. temper outbursts	2	6	23	13
k. emotional withdrawal	0	0	39	23
l. excessive emotional sensitivity	4	12	39	23
m. fighting	5	15	34	20
n. moodiness	3	9	39	23
o. emotional depression	0	0	23	13
p. poor physical appearance	1	3	17	10
q. nervousness and anxiety	3	9	42	25
r. excessive need for attention and/or approval	5	15	69	40
s. excessive perfectionism	0	0	7	4
t. completing and/or submitting homework	7	21	43	25
u. other	2	6	25	15

It is clear from these results that the differences between the control sample and the serviced sample are much greater with regard to school behavior problems than they are with respect to academic difficulties. In almost every behavioral problem area the serviced sample were reported by their teachers as having a greater frequency of problems than the control sample. The areas where the difference is greatest appear to be: speech and communication, general attitudes toward school, behavior towards classmates, emotional withdrawal, moodiness, emotional depression, nervousness and anxiety, and excessive need for attention and/or approval. These findings are fully consistent with the typical kinds of problems that children display which lead teachers to refer them for clinical-guidance services.

In Item #5 the initial teacher questionnaire asked if, "This child does not have any problems with his school behavior." As could be expected from the results of the previous item, the serviced sample received many fewer affirmative ratings (17 or 10%) than did the control sample (15 or 46%).

Item #6 asked if, "This child does not seem to need any clinical and guidance services." Ten of the serviced sample cases (6%) were so judged whereas 22 (67%) of the control cases were. In other words, according to the initial teacher

questionnaire, 94% of the children receiving clinical-guidance services were judged as needing such services whereas only 1/3 of the untreated group were deemed in need of such help. Thus, according to the teachers, the clinical-guidance staff are servicing children who need such help but that they should also be seeing 1/3 of the remaining children in their schools. The staff evaluation questionnaire results bear this out since the clinical-guidance staff reported a need for increased staff time to cover all of the cases in need of their help.

Item #7 asked if, "This child needs clinical and guidance services. If yes, please describe the kinds of services he needs." For 7 of the control sample cases (21%), the teachers responded affirmatively. The kinds of help or problem areas noted were: guidance and remediation, help with excessive fighting and talking, emotional withdrawal, help in getting along with peers, help in getting motivated, and referral for psychological and neurological evaluation.

Of the 171 serviced sample cases, 127 or 74%, were described as needing clinical and guidance services of all kinds. (Item #6 and/or #7 were left unanswered by a few teachers which accounts for their results totalling less than 100% of the sample cases).

The types of services that the teachers said the children needed were fully consistent with the traditional offerings of school guidance counselors, psychologists, and social workers. This suggests that most of the non-public school teachers are fairly well aware of what constitutes an appropriate referral to such professionals.

2. The Final Teacher Questionnaire Results

Final teacher questionnaires were returned for 21 control sample cases and 88 serviced sample cases. Item Nos. 1-3 were the same as those of the initial teacher questionnaires except that the teacher rated the child "as of May 15, 1971." The results of these final questionnaires will be reported next in comparison with the initial teacher questionnaire results already presented above.

Item #1 dealt with those children rated as doing poorly in all aspects of school work. The initial and final percentages of serviced sample and control samples students so rated were as follows:

TABLE XX

	<u>Initial</u>	<u>Final</u>
Serviced Sample	45%	34%
Control Sample	33%	29%

These figures suggest that the serviced sample of children's prevalence of gross underachievement declined more so than was true of the control group (a 11% versus a 4% decline).

The distribution of types of academic problems, called for in Item #2 (for those students who were rated as doing poorly in just one or two areas of school work) did not change when the final and initial results were compared, nor were there any noticeable differences between the control and serviced cases.

Item #3 asked the teachers, as of May 15, 1971, if the child "does t have any problems with the academic aspects of school." For the serviced sample 14% of the children were rated free of school problems. For the control sample, this figure was 48%. On the initial questionnaires, these figures were, respectively, 13% and 33%. These results suggest no changes in this regard for the serviced sample but a large increase in the percentage of problem-free children among the control group cases.

School behavior problems were rated in Items 4 and 5. The percentages of children in both groups rated as being free of behavior problems initially and finally were:

TABLE XXI

	Percentages	
	Initial	Final
Serviced Sample	10%	13%
Control Sample	46%	52%

These figures suggest that there were no dramatic changes in prevalence of behavior problems in either group between the initial and final ratings.

Items 6-7 dealt merely with whether the teachers knew or did not know if a child were receiving clinical and guidance services. The results indicated that the teachers were fully aware of this.

In Item #8 the teachers were asked, "As compared with the beginning of this school year, this child's current school adjustment and/or performance has".... The percentage results for the two groups were:

TABLE XXII

Answer	Percentages	
	Control group	Serviced Sample
a) not improved	14%	32%
b) shown average improvement	43%	47%
c) shown above-average improvement	0%	17%
d) no answer	43%	5%

These results, specifically in category c) "shown above-average improvement," suggest that the serviced sample's percentage of much-improved children was far greater than that of the control group. This is a strong index of the program's efficiency.

In Item #9, 9% of the serviced sample's teachers and 52% of the control sample's teachers rated them as not needing clinical and guidance help next year. (In the initial ratings, Item #6 asked whether the child does not need such services this year. 6% of the serviced cases and 67% of the control cases were so rated.) These results suggest that (1) children being treated this year tend to still need treatment next year, and (2) half of the non-treated cases may need to be seen next year. Consequently, the staff's potential workload tends to markedly increase each year. (This has been found to be true throughout school systems, i.e., the more

mental health services you offer, the more services will be demanded).

In Item Nos. 10-11 the teachers indicated the types of such services the children seemed to need for next year. Responses here indicated that the current program is adequate in quality, in the teacher's view, but inadequate in quantity, i.e. more staff-hours should be made available.

E. The Parents Questionnaires

1. The Initial Parents Questionnaire

Of the 200 initial parents questionnaires distributed to parents of our sample of serviced cases, 151 were returned in completed usable form. Of these, 53% were completed by parents of boys and 47% by parents of girls. The children ranged in age from 6 to 18 and attended school in grades 1-12.

Of these 151 children, 27 or about 18%, were judged by their parents as doing "poorly in almost all aspects of school work" in Item #1.

Item #2 asked if the child "Does poorly in just one or two areas of school work. If yes, circle which area or areas he is doing poorly in." The parents of 116 or about 71% of the children indicated that their child was doing poorly in one or more areas of school work. The number of children indicated by their parents as doing poorly in each of the areas was as follows:

TABLE XXIII

<u>Area of School Work</u>	<u>Number of Children</u>
a. reading	52
b. writing	27
c. mathematics	37
d. spelling	30
e. social studies	15
f. science	16
g. speaking	17
h. general classroom behavior	24
i. behavior towards his teacher	16
j. behavior towards his classmates	19
k. lateness	5
l. absences	28
m. getting his homework done	16
n. attitudes towards school	19
o. other	-

Only 8, or about 5%, of the children's parents left both Items 1 and 2 unchecked thereby denying the presence of any problems with schoolwork. Thus 95% of the parents sampled were aware of the fact that their children were having problems with their schoolwork. For these 5% exceptional cases, the parents did indicate, however, that the child was having one or more problems outside of school. It is therefore apparent that all of the parents of children receiving clinical and guidance services are aware that their children are in need of such help.

While the range of problems parents indicated varied widely, in almost every case the parent made reference to problems with one of the "3R's" and/or a negative attitude toward school or self. Thus it would appear that the parents are quite fully in agreement with the need for the traditional kinds of diagnostic, treatment, remedial, and referral activities offered by the school guidance counselors, social workers, and psychologists.

Item #3 asked, "Which of the following types of problems outside of school does your child seem to have?" The number of children checked off by their parents as having each of the following problems was as follows:

TABLE XXIV

<u>Problems</u>	<u>No. of Children</u>
a. has difficulty getting along with his parents	23
b. has difficulty getting along with his brother or sisters	40
c. gets into fights with other children	20
d. has difficulty making and keeping friends	25
e. is lonely	39
f. is depressed and unhappy	27
g. gets into trouble of all kinds	8
h. is very disobedient at home	14
i. associates with the "wrong" kind of people	2
j. stays out too late at night	0
k. seems to be using drugs	0
l. may be getting into trouble with the police	0
m. is very nervous	56
n. has a speech problem, such as stuttering	25
o. bites his nails	41
p. other problems of this kind	43
q. has no problems outside of school	15

As can be seen above, only 15 or 10% of the children were judged by their parents, in option "r" as being free of problems outside of school. The remaining 90% checked off a wide variety of social adjustment problems in their children, the most prevalent of which were nervousness, nail-biting, difficulty with siblings, and loneliness. The frequency of such problems suggest that the children serviced by the clinical and guidance staff tend to be troubled with anxiety and interpersonal adjustment problems. They do not tend to be, at least in their parents' views, acting-out or pre-delinquent children, e.g. none were checked off by their parents as having problems with the police, drug abuse or staying out late at night. Here, again, the parents' responses are indicative of the fact that these children tend to fit well the typical caseload traditionally dealt with by school guidance counselors, social workers and psychologists.

Item #4 asked, "What kinds of help do you hope your child will receive from the clinical and guidance services program?" Only 26, or 17% of the parents failed to indicate the kinds of help they wished for their children from the clinical and guidance staff. The 83% of parents who did respond indicated a wide variety of types of help they felt their children needed. Since this "open-ended" question

yielded a very heterogeneous array of responses, it is somewhat difficult to neatly categorize all the answers. However, the parents answers indicated that the most frequently requested kinds of clinical and guidance services were: anxiety-reducing and self-concept-supporting counseling, help in strengthening the child's self-control and self-responsibility, specific remedial help, general improvement of academic achievement striving, and improved readiness for further education. From this range of problems, it is once again apparent that the parents of these serviced cases see their children as being in need of the very kinds of professional help that school guidance counselors, social workers, and psychologists are best prepared to give.

2. Final Parents Questionnaires

Of the 200 "Final Parents Questionnaires" distributed to parents of the sample of serviced cases, 86 were returned in completed form. Of the 200 initial parents questionnaires which were distributed, 151 were returned. The number of total responses dropped markedly from a total of 76% to 43%. Of the 86 parents who responded 64% were completed by those of male participants and 36% by parents of females.

In Item #1, the parents were asked to determine whether their child "does poorly in almost all aspects of school work." Of the 86 children, thirteen or approximately 15% were judged to be doing poorly, as compared with about 18% in the initial questionnaire. This slight decrease does not appear to be a meaningful one.

The nature of the children's school (Item #2) and home (item #3) problems, in the parents view, did not seem to change significantly between the time of the initial ratings and that of the final ratings.

Item #4-5 dealt with the kinds of help and the adequacy of the help received by the children, according to their parents. 75% of the parents were able to detail the kinds of help their child was given. Of the 86 parents, 3% judged this help as "inadequate," 37% as "moderately adequate," 46% as "very adequate," and 14% did not respond.

In general, the results of the Final Parents Questionnaire indicated strong parental approval of this program of clinical and guidance services.

F. The School Records Data Sheets

Our evaluation teams made repeated efforts to obtain the school records data on our entire sample of 250 students (200 serviced cases and 50 control cases). We gave the non-public schools two choices: (1) to gather the data for us (and receive a small donation in appreciation) or (2) to allow members of our staff to gather this data from the schools records. Despite these attempts, the return rate proved to be a great disappointment.

We received from the schools, in usable form, record data for only 64 serviced

cases and 12 control cases. Their record sheet data will now be summarized and discussed.

A. Lateness

In '69/70 the average serviced sample child was late on 1.7 days of school. For '70/71 this figure 1.25. Therefore, the serviced sample average child decreased in lateness .45 days this year as compared with last year.

The control sample, during the '69/70 school year, averaged 1.25 days of lateness. For '70/71, this figure was 1.0. Thus the average control child decreased in lateness .75 days this year as compared with last year.

While these differences are too small to draw firm conclusions from, these results are consistent with the view that the project served to reduce lateness among the enrollees. In absolute terms, however, the enrollees still remained more tardy than their matched control-group classmates.

B. Attendance

For the years 1969-1970 and 1970-1971, the serviced samples mean number of days absent were, respectively 10.1 and 10.7. Thus the average serviced child's lateness increased by .6 days this year as compared with last year.

For the control group, the average number of days of absence for 1969-1970 were 20.5. For 1970-71 this figure was 10.7. This represents an average decrease in days of absence of 9.8 over the past year. The result appears to be a spurious one, since it was largely accounted for by three children's dramatic reduction in lateness (probably due to physical illnesses last year).

At any rate, these results indicate that (1) this year the serviced sample's and the control sample's average absences were equal and (2) the serviced sample's absences increased this year. Consequently, these results do not indicate that the project had any positive impact on the attendance problem.

C. Report Card Grades

For these 64 serviced cases and 12 control cases, the 1969-70 and 1970-71 report card grades were analyzed in the following 14 categories:

Social Behavior
Work and Study Habits
Reading
Oral Expression
Written Expression
Spelling
Hand writing

Social Studies
Mathematics
Science
Health Education
Art
Home Economics
Other (mostly foreign languages)

The data was not complete for all of these children in all of these report card grade categories. Where available, for each child, a comparison was made in each category of his 1969-70 and 1970-71 grades. Thus, each child, in each of these

14 categories, was given one of 4 tallies, namely:

- a) +, indicating an improved score this year
- b) -, indicating a poorer score this year
- c) o, indicating no change in score this year
- d) x, indicating that the records were incomplete.

The results of this analysis can be summarized as follows:

TABLE XXV

Groups	Number of Grade Comparison Tallies			
	+	-	o	x
Serviced sample	153	116	207	420
Control sample	28	24	48	69

Ignoring those instances where the data was not available (the "x" tallies), this same breakdown in percentage terms is:

TABLE XXVI

Groups	% improved	% lowered	% unchanged
Serviced sample	32	24	43
Control sample	28	24	48

Although not statistically significant, these results lend some support to the possibility that the project had a desirable impact on the enrollee's report card grades. That is, the serviced sample had a slightly higher percentage of improved grades than was true of the control sample.

G. Standardized Test Results

The data for standardized test comparison 1969-70 vs. 1970-71 was woefully inadequate. For the serviced sample, only 35 such comparisons could be made, i.e., where a child was given the same or similar standardized test both years. Of these 35 instances, 29 or 83% showed higher achievement levels this year than last year.

For the control group, 8 such comparisons could be made. Of these, 7, or 88%, showed higher achievement levels this year than last year. These results do not indicate that the project's serviced sample underwent a rise in achievement levels above those encountered among school children in general. However, these results, when viewed in a certain context, are more favorable than first meets the eye. Most children referred for clinical and guidance services have school difficulties resulting from, or which result in, a progressive educational deficit. That is to say, if left untreated, they can be expected to fall behind their classmates in achievement levels more and more each year. Thus, the fact that in 83% of the serviced sample cases (keeping the inadequacy of the data in mind)

improvements in achievement levels were found might well mean that the project did indeed reduce the progressive educational deficits that would have occurred among the program participants were they left untreated.

V. SUMMARY AND RECOMMENDATIONS

Our conclusions and recommendations are based on (1) site visits to fifteen of the schools serviced by the project (2) 106 Principals Questionnaires (3) 82 Staff evaluation questionnaires (4) 204 Initial Teacher questionnaires (5) 109 Final teacher questionnaires (6) 151 Initial Parents questionnaires (7) 86 Final Parents questionnaires, and (8) Year-end school record comparisons (1969-70 vs. 1970-71) of 76 students.

Such an array of data (too sparse in some respects and overabundant in others) from so many different sources, is of course bound to be filled with far too many contradictions and complications to permit a simple straightforward summary or the offering of elegant conclusions.

In general, however, the opinion of the Teaching & Learning evaluation team concerning the 1970-71 Clinical Guidance Services in non-public schools project is that it was a very worthwhile undertaking.

Let us now turn to some issues concerning how it worked, how well it worked, for whom it worked, in what area it worked least well and how it might work better.

SUMMARY OF MAJOR FINDINGS

1. The nonpublic school principals sampled indicated clearly that they welcomed the services provided by the clinical and guidance program staff. They had no quarrel with the quality of services provided but did feel that they needed much more help than was provided. For instance, whereas the average serviced school had a guidance counselor assigned about one day per week, 48% of the principals indicated a wish to have a counselor assigned five or more days a week.

The principals felt that the guidance and clinical staff's major help was in the assessment and treatment of personal and behavioral problems. When asked what kinds of additional help they would like to have provided, the principals most frequently mentioned the treatment of behavior problems (60% of the respondents) and the treatment of personal problems (56% of the respondents).

It was clear from these and other findings that the non-public school principals looked to the clinical and guidance staff to provide help primarily with mental health problems and secondarily with educational and vocational problems.

2. In our visits to fifteen of the schools served by this project, we rated the following areas as "inadequate", "adequate" or "superior": Facilities (phone, space, location), materials, outside referrals, parent contact, teacher contact, time

allotment, cooperation (of administration and faculty), and overall effectiveness. Except for judging the majority of schools' facilities inadequate we rated most of the schools' clinical and guidance programs favorably in all respects (e.g. of the 15 schools' overall effectiveness ratings, 0 were "inadequate", 6 were "adequate", and 9 were "superior")

Last year's evaluator, the Psychological Corporation, also judged the physical facilities (office space, phones, file cabinets, etc.) to be inadequate. Evidently not much progress has been made in this area.

3. The staff members were very proud of their program's effectiveness. For instance, of the 68 guidance counselors rating the overall effectiveness of their program, 34 judged it to be "highly effective" (50%), 32 judged it "moderately effective" (47%), 2 judged it "slightly effective," and none "not effective."

The staff described many "major strengths" of the program with which our evaluation team would fully agree. For the social workers, for instance, the most frequently mentioned major strengths of the program could be subsumed under the headings of: good cooperation from the non-public school personnel, fewer very disturbed children and families to work with than is the case in the public schools, a generally favorable school atmosphere under which to work, opportunity to employ flexible approaches, and availability of clinical teammates.

The staff was able to list many "major weaknesses" of the program (which we also tended to be in full agreement with). The most frequently-mentioned weaknesses described by the guidance counselors were: lack of enough time to fulfill duties (mentioned by 43 counselors), inadequate support of services and too high a pupil-to-counselor ratio, mentioned by 14 and 13 counselors, respectively.

The School psychologists mentioned as the program's major weaknesses, the following: "not enough parental involvement, poor understanding (on the part of the non-public schools) of preventive mental health needs, too few school psychologists are available to handle all of the referrals, and the recommendations to outside agencies have not been effectively followed up."

We were fully in agreement with the program staff's recommendations for changes in the program. The guidance counselors mentioned such things as: the need for increased staff and increased time to accomplish goals, the need for improved facilities, especially telephones, the need for procedures designed to increase the non-public school staff's guidance orientation, increasing psychological services, increasing special classes within the non-public schools, greater opportunities for professional enrichment, especially seminars, conferences, and workshops with other counselors who work in the public schools.

The psychologists were in agreement with the counselors but seemed even more dissatisfied with the status quo. They felt "spread too thin" by their difficult task and their lack of opportunity to become involved in the non-public school's policy-making decisions, especially in those areas affecting mental health.

The guidance supervisors also felt "spread too thin," feeling that they

have too many counselors to supervise and too little time to do the job. The social workers agreed with all of the above plans, adding two others: (1) a need to shift the focus from the problem child to the home, school, and community environment which produced his problems, and (2) a need to specifically establish programs to make the non-public school personnel more aware of children's psychosocial needs in today's world. We could not agree more!

4. The non-public school teachers of the children receiving the program's clinical and guidance services indicated, early in the school year, that 45% of the children were doing poorly in almost all aspects of school work. The control group's teachers said that 33% of those youngsters, too, were doing poorly in almost all aspects of school work. On the other hand 13% of the control children and 33% of the serviced children were judged by their teachers in the initial questionnaire to be free of academic problems. The remaining students' (control group 33%; serviced sample, 42%) teachers judged them to be doing poorly in just one or two areas of school work.

Thus, while some overlapping was noted, the teachers' ratings indicated that children receiving the program's services have many problems, in an absolute sense as well as in comparison to their classmates. No differences in type of problem (as there was in frequency of problems) between the control group and the serviced group was evident in the teachers' initial ratings.

Further evidence of the appropriateness of the program's target population was found in the teachers' responses to the question of whether or not the individual children needed clinical and guidance services. The teachers rated 74% of the serviced students, but only 21% of the control sample students, as being in need of the program's help.

The types of services that the teachers said the children needed were fully consistent with the traditional offerings of school guidance counselors, psychologists, and social workers. The teachers seemed fairly well aware of what constitutes an appropriate referral to such professionals.

Very few strong findings emerged when the teachers' initial and final ratings of the students were compared. However, the serviced sample's percentage of much-improved children was far greater than that of the control group.

5. The parents of the children receiving program services in their initial survey, described their youngsters as having many problems. In almost every case, the child was reportedly having trouble with one of the "3R's" and/or a negative attitude toward school or self. The parents expressed for their children a need for the traditional kinds of diagnostic, treatment, remedial, and referral activities offered by the projects' school guidance counselors, social workers, and psychologists.

In the final questionnaire, the parents were asked how adequate they felt their children's clinical and guidance services had been. Of the 86 parents responding, 3% judged this help to be "inadequate," 37% as "moderately adequate," 46% as "very adequate," and 14% did not respond.

Strong parental approval of the projects' program was clearly indicated by the results of our surveys.

6. The non-public school children's school record data (1969-70 vs. 1970-71) proved very hard to collect, despite our evaluation team's repeated vigorous attempts. Suitable information for making comparisons was only available for 64 serviced cases and 12 control cases. When their year-end report card grades were compared, 1971 vs 1970, the results were as follows:

TABLE XXVII

Groups	% Improved	% Lowered	% Unchanged
Serviced Sample	32	24	43
Control Sample	28	24	48

Although not statistically significant, these results lend some support to the possibility that the project had a desirable impact on the enrollees' grades.

The data for standardized test score comparisons was especially sparse and inadequate. The results did not indicate that the projects' serviced sample underwent a rise in achievement levels above that encountered among school children in general. However, the fact that 83% of the serviced sample cases showed improvements in achievement levels was encouraging. Perhaps the project is resulting in a reversal of the progressive educational deficit that has come to be expected of children needing clinical and guidance help.

* * * * *

In an attempt to more fully encompass the point of view of the Bureau of Child Guidance, the directors of the Clinical and Social Work NPS staff were interviewed. Some of the problems they pinpointed are the following:

The BCG is fully aware that one-day-a-week coverage in the NPS schools is far from meeting the needs of the program. This piecemeal coverage allows for very little carryover and the worker is often not at the school the very day he or she is needed by a particular child.

Another problem is the often inadequate knowledge the principals and teachers possess of how the Clinical Guidance Program can best work for them, and how they can help the program. Most principals in our sample were unaware of the BCG Psychiatrist who also serves this program. The BCG is hopeful that greater communication between themselves and BEVD will be fostered by workshops now in progress, and through these, ways will be found to more effectively communicate with the schools in the program.

It is recommended that Title I Guidelines be expanded to give BCG more leeway to implement its ideas on how best to help the needy student. Such innovative techniques as Reality therapy (working with the social milieu in which the student operates) could be explored with benefit to both the referred student, his teacher and classmates.

Another problem pinpointed by the BCG is the difficulty in assessing actual growth and amelioration over such a limited timespan as six months, especially in view of the fact that the referred child has probably had a lifetime history of maladjustment. It is recommended that evaluation procedures more sensitive to minor changes over a short period of time be devised, with the help of BCG and BEVD staff members.

* * * * *

It is recommended, after weighing all our evidence, that the project should be recycled, and if possible, expanded.

APPENDIX

QUESTIONNAIRES AND LETTERS USED IN THE STUDY

APPENDIX A



November 17, 1970

TO : STAFF MEMBER, CLINICAL AND GUIDANCE SERVICES TO NON-PUBLIC SCHOOLS
FROM : FREDRIC B. NALVEN, Ph.D.
EVALUATION PROJECT DIRECTOR
SUBJECT : YOUR PARTICIPATION IN OBTAINING QUESTIONNAIRES FROM TEACHERS AND PARENTS OF CHILDREN SELECTED FOR OUR EVALUATION SAMPLE

As part of our evaluation procedures, this school has been selected as one of the fifty serviced non-public schools from which our sample of 250 students (200 serviced cases and 50 comparison non-serviced cases) will be drawn.

We would greatly appreciate your help with the following:

1. From your alphabetical roster of this school's currently serviced cases (either of your own cases or of cases serviced by a B.C.G. or B.E.V.G. colleague at this school) please randomly select four children.

2. For each of these four children, please arrange for their parents or guardians to complete a copy of the enclosed "Initial Parents Questionnaire."

3. For three of these four children, please arrange for their classroom or homeroom teacher to complete a copy of the enclosed "Initial Teacher's Questionnaire."

4. For the fourth child, please arrange for his or her classroom or homeroom teacher to complete two copies of the enclosed "Initial Teacher's Questionnaire." One of these should be completed on this child and the second should be completed on the child of the same sex whose name appears next after his or hers on the alphabetical class roster.

5. When these questionnaires (4 Parents Questionnaires and 5 Teacher Questionnaires) have been completed and returned to you, please mail them all back to me in the self-addressed envelope which has been provided for this purpose.

All of these forms and procedures have been approved by the authorized B.C.G., B.E.V.D. and non-public school councils.



- 2 -

I realize that these may be time-consuming procedures (and that you are already burdened with a great deal of work and responsibility), but they are essential to the completion of this mandated evaluation project.

Thanking you in anticipation of your help, I remain,

Yours truly,

Fredric B. Nalven

Fredric B. Nalven, Ph.D.
Project Director
Teaching and Learning
Research Corp.
355 Lexington Avenue
New York, New York 10017

P.S. If you have any questions, please call me at 490-0197.

FBN/jm
Encls.

APPENDIX B.1



INITIAL TEACHER'S QUESTIONNAIRE

CHILD'S INITIALS _____ DATE OF BIRTH _____

CLASS _____ SEX _____

SCHOOL _____ GRADE _____

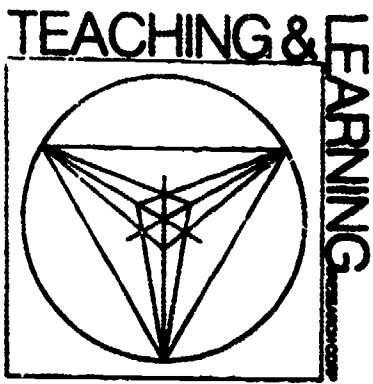
TEACHER'S NAME _____ DATE _____

DIRECTIONS

Please place a check mark () next to the statements that apply to this child.

CHECK IF TRUE

- _____ 1. This child is doing poorly in almost all academic aspects of school work.
- _____ 2. This child is doing poorly in just a few areas of academic work. If yes, please circle in which area or areas he is doing poorly:
- a. reading
 - b. writing
 - c. mathematics
 - d. spelling
 - e. social studies
 - f. science
 - g. foreign language
 - h. other - please describe _____
- _____ 3. This child does not have any problems with the academic aspects of school.
- _____ 4. This child is having problems with one of the following aspects of school behavior. If yes, circle in which area or areas he is having problems:
- a. speech and communication
 - b. general classroom behavior
 - c. general attitudes towards school
 - d. behavior towards his teacher
 - e. behavior towards his classmates



- 2 -

4. (cont'd.)
- f. lateness
 - g. absence
 - h. truancy
 - i. sickness
 - j. temper outbursts
 - k. emotional withdrawal
 - l. excessive emotional sensitivity
 - m. fighting
 - n. moodiness
 - o. emotional depression
 - p. poor physical appearance
 - q. nervousness and anxiety
 - r. excessive need for attention and/or approval
 - s. excessive perfectionism
 - t. completing and/or submitting his homework
 - u. other - please describe _____
- _____
- _____

- _____ 5. This child does not have any problems with his school behavior.
- _____ 6. This child does not seem to need any clinical and guidance services.
- _____ 7. This child needs clinical and guidance services. If yes, please describe the kinds of services he needs. _____
- _____
- _____
- _____



APPENDIX B.2

CLINICAL AND GUIDANCE SERVICES TO THE NON-PUBLIC SCHOOLS

FINAL TEACHER'S QUESTIONNAIRE

CHILD'S INITIALS _____ DATE OF BIRTH _____
CLASS _____ SEX _____
SCHOOL _____ GRADE _____
TEACHER'S NAME _____ DATE _____

DIRECTIONS

Please place a check mark (✓) next to the statements that apply to this child, as of May 15, 1971.

CHECK IF TRUE

- ____ 1. This child is doing poorly in almost all academic aspects of school work.
- ____ 2. This child is doing poorly in just a few areas of academic work.
If yes, please circle in which area or areas he is doing poorly:
- a. reading
 - b. writing
 - c. mathematics
 - d. spelling
 - e. social studies
 - f. science
 - g. foreign language
 - h. other - please describe _____
- ____ 3. This child does not have any problems with the academic aspects of school.
- ____ 4. This child is having problems with one of the following aspects of school behavior. If yes, circle in which area or areas he is having problems:
- a. speech and communication
 - b. general classroom behavior
 - c. general attitudes towards school
 - d. behavior towards his teacher
 - e. behavior towards his classmates



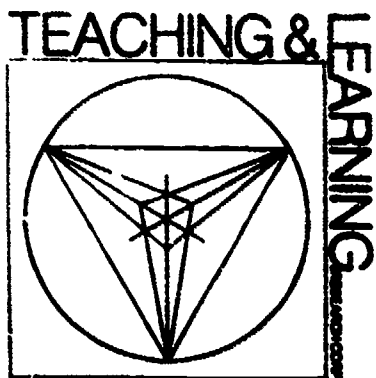
-2-

CLINICAL AND GUIDANCE SERVICES
TO THE NON-PUBLIC SCHOOLS

FINAL TEACHER'S QUESTIONNAIRE (Cont'd)

- f. lateness
- g. absence
- h. truancy
- i. sickness
- j. temper outbursts
- k. emotional withdrawal
- l. excessive emotional sensitivity
- m. fighting
- n. moodiness
- o. emotional depression
- p. poor physical appearance
- q. nervousness and anxiety
- r. excessive need for attention and/or approval
- s. excessive perfectionism
- t. completing and/or submitting his homework
- u. other - please describe _____

- ____ 5. This child does not have any problems with his school behavior.
- ____ 6. This child has been receiving clinical and guidance services this school year.
- ____ 7. This child has not received clinical and guidance services this school year.
- ____ 8. As compared with the beginning of this school year, this child's current school adjustment and/or performance has:
 - ____ a) not improved
 - ____ b) shown average improvement
 - ____ c) shown above-average improvement
- ____ 9. This child does not need clinical and guidance service next year.
- ____ 10. This child needs clinical and guidance service next year.
(If yes, complete item #11. If no, omit item #11.)
- ____ 11. Please describe the kinds of clinical and guidance services this child needs next year _____



-3-

CLINICAL AND GUIDANCE SERVICES

TO THE NON-PUBLIC SCHOOLS

FINAL TEACHER'S QUESTIONNAIRE (Cont'd)

_____ 12. The clinical and guidance services offered in your school this past year have been:

- _____ a) inadequate
- _____ b) moderately adequate
- _____ c) very adequate

APPENDIX C.1

INITIAL PARENTS' QUESTIONNAIRE

Parents' Name _____
Child's Name _____ Sex _____
Child's Regular School _____
Child's Grade _____ Child's Age _____
Guidance Center _____
Date _____

1. Please place a check mark (✓) next to the type of problem or problems your child seems to be having.

Check if True

- _____ 1. Does poorly in almost all aspects of school work.
- _____ 2. Does poorly in just one or two areas of school work. If yes, circle which area or areas he is doing poorly in:
- a. Reading
 - b. Writing
 - c. Mathematics
 - d. Spelling
 - e. Social Studies
 - f. Science
 - g. Speaking
 - h. General classroom behavior
 - i. Behavior towards his teacher
 - j. Behavior towards his classmates
 - k. Lateness
 - l. Absences
 - m. Getting his homework done
 - n. Attitude towards school
 - o. Other - please describe _____
- _____
- _____

3. Which of the following types of problems outside of school does your child seem to have?

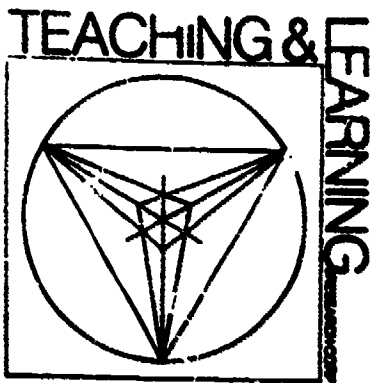
Check if applies

- _____ a. has difficulty getting along with his parents
- _____ b. has difficulty getting along with his brothers and sisters
- _____ c. gets into fights with other children
- _____ d. has difficulty making and keeping friends
- _____ e. is lonely
- _____ f. is depressed and unhappy
- _____ g. gets into trouble of all kinds

- _____ h. is very disobedient at home
- _____ i. associates with the "wrong" kind of people
- _____ j. stays out too late at night
- _____ k. seems to be using drugs
- _____ l. may be getting into trouble with the police
- _____ m. is very nervous
- _____ n. has a speech problem, such as stuttering
- _____ o. bites his nails
- _____ p. other problems of this kind. Please describe _____

- _____ q. has no problems outside of school

4. What kinds of help do you hope your child will receive from the Clinical and Guidance Services program?



APPENDIX C.2

CLINICAL AND GUIDANCE SERVICE TO THE NON-PUBLIC SCHOOLS

FINAL PARENTS' QUESTIONNAIRE

Parents' Name _____
Child's Name _____ Sex _____
Child's Regular School _____
Child's Grade _____ Child's Age _____
Guidance Center _____
Date _____

Please place a check mark (✓) next to the type of problem or problems your child seems to be having, as of May 15, 1971.

Check if True

- ____ 1. Does poorly in almost all aspects of school work.
____ 2. Does poorly in just one or two areas of school work. If yes, circle which area or areas he is doing poorly in:
- a. Reading
 - b. Writing
 - c. Mathematics
 - d. Spelling
 - e. Social Studies
 - f. Science
 - g. Speaking
 - h. General classroom behavior
 - i. Behavior towards his teacher
 - j. Behavior towards his classmates
 - k. Lateness
 - l. Absences
 - m. Getting his homework done
 - n. Attitude towards school
 - o. Other - please describe _____
- _____

3. Which of the following types of problems outside of school does your child seem to have, as of May 15, 1971?

Check if Applies

- ____ a) has difficulty getting along with his parents
- ____ b) has difficulty getting along with his brothers or sisters
- ____ c) gets into fights with other children
- ____ d) has difficulty making and keeping friends
- ____ e) is lonely
- ____ f) is depressed and unhappy
- ____ g) gets into trouble of all kinds
- ____ h) is very disobedient at home



CLINICAL AND GUIDANCE SERVICE TO THE NON-PUBLIC SCHOOLS

FINAL PARENTS' QUESTIONNAIRE (Cont'd)

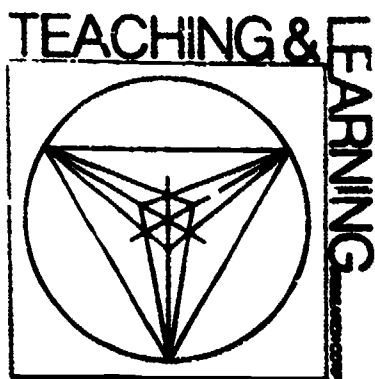
- ☐ i) associates with the "wrong" kind of people
- ☐ j) stays out too late at night
- ☐ k) seems to be using drugs
- ☐ l) may be getting into trouble with the police
- ☐ m) is very nervous
- ☐ n) wets his bed
- ☐ o) has a speech problem, such as stuttering
- ☐ p) bites his nails
- ☐ q) other problems of this kind. Please describe _____

_____ r) has no problems outside of school

4. What kinds of help did your child receive from the Clinical and Guidance Services program this school year?

5. The Clinical and Guidance Services provided for your child this school year have been

- ☐ a) inadequate
- ☐ b) moderately adequate
- ☐ c) very adequate



APPENDIX D

CLINICAL AND GUIDANCE SERVICES IN THE NON-PUBLIC SCHOOLS

School Records Data Sheet

Name of School: _____

Address: _____

District: _____

1. Child's Initials: _____

2. Sex _____

3. Birth Date _____

4. Grade _____

5. Number of days late in 69-70 _____

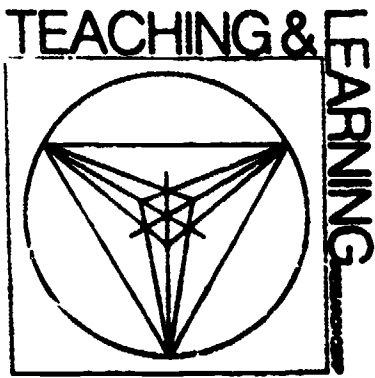
6. Number of days late in 70-71 _____

7. Number of days absent in 69-70 _____

8. Number of days absent in 70-71 _____

9. Final Report Card Grades:

<u>Subject</u>	<u>for June, 1970</u>	<u>for June, 1971</u>
Social Behavior	_____	_____
Work and Study Habits	_____	_____
Reading	_____	_____
Oral Expression	_____	_____
Written Expression	_____	_____
Spelling	_____	_____
Handwriting	_____	_____
Social Studies	_____	_____
Mathematics	_____	_____



CLINICAL AND GUIDANCE SERVICES IN THE NON-PUBLIC
SCHOOLS

School Records Data Sheet (cont'd)

<u>Subjects</u>	<u>for June, 1970</u>	<u>for June, 1971</u>
Science	_____	_____
Health Education	_____	_____
Art	_____	_____
Home Economics	_____	_____

11. Standardized Achievement Test Scores: From the school records, please indicate the names of Achievement Tests, the dates they were administered, and the scores obtained.

(a) 1969-1970:

<u>TEST NAME</u>	<u>DATE</u>	<u>GRADE EQUIVALENT SCORES</u>
------------------	-------------	--------------------------------

(b) 1970-1971:

<u>TEST NAME</u>	<u>DATE</u>	<u>GRADE EQUIVALENT SCORES</u>
------------------	-------------	--------------------------------



CLINICAL AND GUIDANCE SERVICES IN THE NON-PUBLIC
SCHOOLS

School Records Data Sheet (cont'd)

(b) 1970-1971 (cont'd)

TEST NAME

DATE

GRADE EQUIVALENT SCORE

APPENDIX E

CLINICAL AND GUIDANCE SERVICES TO THE NON-PUBLIC SCHOOLS

NON-PUBLIC SCHOOL PRINCIPAL QUESTIONNAIRE

Principal's Name _____

School _____

Address _____

Grade Range of School _____

Date _____

1. Please indicate which of the following clinical and guidance staff members are provided for your school by the NYC Bd. of Education.

<u>Psychiatrist</u>	<u>Psychologist</u>	<u>Social Worker</u>	<u>Guidance Counselor</u>
Yes _____	Yes _____	Yes _____	Yes _____
No _____	No _____	No _____	No _____
Days per Week _____	Days per Week _____	Days per Week _____	Days per Week _____

2. Please indicate, by means of a check mark (✓), how adequate you feel the amounts of these services to be.

	<u>Fully Adequate</u>	<u>Barely Adequate</u>	<u>Somewhat Inadequate</u>	<u>Grossly Inadequate</u>
Psychiatrist	_____	_____	_____	_____
Psychologist	_____	_____	_____	_____
Social Worker	_____	_____	_____	_____
Guidance Counselor	_____	_____	_____	_____

3. Please indicate, by means of a check mark (✓), how adequate you feel the quality of these services to be.

	<u>Fully Adequate</u>	<u>Barely Adequate</u>	<u>Somewhat Inadequate</u>	<u>Grossly Inadequate</u>
Psychiatrist	_____	_____	_____	_____
Psychologist	_____	_____	_____	_____
Social Worker	_____	_____	_____	_____
Guidance Counselor	_____	_____	_____	_____

4. If offered these services on an unlimited basis, how many days per week of each would you request? (Do not limit yourself to five days because that is a full school week. For instance, if you feel you need 2 full-time professionals in a category, indicate this as 10 days, etc.)

	<u>Days per Week</u>
Psychiatrist	_____
Psychologist	_____
Social Worker	_____
Guidance Counselor	_____

5. Please place the numbers 1,2,3 next to the first, second, and third most frequent types of problems you feel the clinical and guidance staff have been helping you with.

- _____ (a) assessment of individual student's educational problems
- _____ (b) assessment of individual student's behavior problems
- _____ (c) assessment of individual student's personal problems
- _____ (d) remediation of educational problems
- _____ (e) treatment of behavior problems
- _____ (f) treatment of personal problems
- _____ (g) educational guidance
- _____ (h) vocational guidance
- _____ (i) other (please describe) _____
- _____
- _____
- _____
- _____
- _____

6. Please place the numbers 1,2,3 next to the first, second, and third most important problems you would like more services provided for by the clinical and guidance staff.

- _____ (a) assessment of individual student's educational problems
- _____ (b) assessment of individual student's behavior problems
- _____ (c) assessment of individual student's personal problems
- _____ (d) remediation of educational problems
- _____ (e) treatment of behavior problems
- _____ (f) treatment of personal problems
- _____ (g) educational guidance
- _____ (h) vocational guidance
- _____ (i) other (please describe) _____

7. To what extent do you feel that the clinical and guidance staff provide the teacher with adequate and useful information concerning the children they have dealt with?

- _____ (a) In a fully adequate manner
- _____ (b) In a barely adequate manner
- _____ (c) In a somewhat inadequate manner
- _____ (d) In a grossly inadequate manner

8. After accepting a referral, how adequately do you feel the clinical and guidance staff to be in the extent to which they follow-up the referral, i.e. provide the needed services or make the necessary referrals so as to see that the referral problem has been sufficiently dealt with?

- _____ (a) always adequately followed-up
- _____ (b) usually adequately followed-up
- _____ (c) seldom adequately followed-up
- _____ (d) rarely or never adequately followed-up

9. Please describe briefly your overall assessment of the strengths and weaknesses of the clinical and guidance services provided for your school.

10. Please briefly recommend whatever changes you would like to take place in the clinical and guidance services provided for your school.



APPENDIX F

CLINICAL AND GUIDANCE SERVICES IN NON-PUBLIC SCHOOLS
STAFF EVALUATION QUESTIONNAIRE

Name _____
Title _____
Schools, Centers, or office in which you provide your services _____

1. Hours per week you serve this project _____

2. How many years (prior to 1970-1971) have you worked in clinical
or guidance services: (a) For the NYC Board of Education _____
(b) In other school settings _____

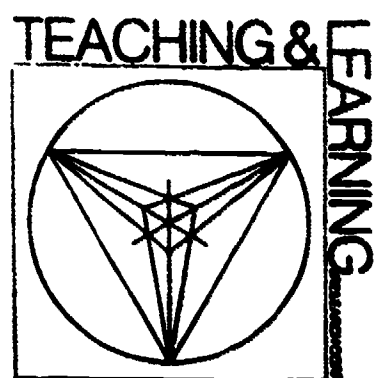
3. Please describe your primary duties in this program _____

4. Describe what you feel are the major strengths of your program _____

5. Describe what you feel are the major weaknesses of your program _____

6. Please indicate which of the following statements most closely
approximates your overall evaluation of the program's effectiveness.

- _____(a) Highly effective
_____(b) Moderately effective
_____(c) Slightly effective
_____(d) Not effective



7. Please describe those changes you feel should be made to increase the effectiveness of the program.

CLINICAL AND GUIDANCE SERVICES
IN THE NON-PUBLIC SCHOOLS

EVALUATION STAFF

Principal Investigator:

Fredric Nalven, Ph.D.

Research Assistant:

Jan H. Leibowitz